NADAbase Data Dictionary
February 2024

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

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ABBREVIATIONS

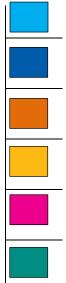|	
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AND	Assessing Nicotine Dependence
AOD	Alcohol and Other Drugs
AODTS-NMDS	Alcohol and Other Drug Treatment Service National Minimum Data Set
ASCDC	Australian Standard Classification of Drugs of Concern
ATOP	Australian Treatment Outcomes Profile
COMS	Client Outcome Management System
DATS	Drug and Alcohol Treatment Services
MDS	Minimum Data Set
NADA	Network of Alcohol and Other Drugs Agencies
NMDS	National Minimum Data Set
SDS	Severity of Dependence Scale
K-10+	Kessler Psychological Distress Test
WHO QoL	WHO-EUROHIS Quality of Life-8

INTRODUCTION

This data dictionary contains information to assist services with the import of files into NADAbase.

FILES IMPORTED INTO NADABASE

The files imported into NADAbase by services are the following:

1. EPISODE.TXT   This file contains all fields apart from those indicated below.

2. OTHERDRG.TXT   This file contains the data for the multiple response item, *Other Drugs of Concern/Gambling*.

3. PREVTRMT.TXT   This file contains the data for the multiple response item, *Previous Services Received*.

4. OTHERSRV.TXT   This file contains the data for the multiple response item, *Other Services Provided*.

5. SRVCCNCT.TXT   This file contains *Service Contact Dates* and *Postcode of Service Contact* information for each episode.

6. SURVEY.TXT   This file contains the Client Outcome Measures (COMs) data that is collected from clients via surveys. Therefore, only those services administering surveys to clients will create/import SURVEY.TXT file.

Note that PHARMACO.TXT file is no longer required to be created or imported.

FURTHER INFORMATION

This document contains file layouts and data dictionary entries for the six import files above.

If any data dictionary entries in this document require further clarification:

- For files 1 to 5, please refer to the 'Data Dictionary and Collection Requirements for NSW Minimum Data Set for Drug and Alcohol Treatment Services'.

- For file 6, please refer to 'NADAbase Data Dictionary', and, for all ATOP entries, 'NADAbase Data Dictionary ATOP for Importers'.

For additional importing support, please refer to NADAbase Importer Guide.

DEFINITION OF TERMS

The below table offers the operational definition of terms for the technical terms and measurements specified in this document. This is done to standardise the data collected and to mitigate the risk of inconsistent data collection.

Term	Definition	Example
String	Text, can include special characters	12AZ89:4587
Number	Digit	1, 2, 3, 99
Date	Date, always in DDMMYYYY format	01012000

The above definition of terms aligns with Australian Institute Health and Welfare (AIHW)'s national health data collection standards[1].

ADDITIONS TO NADABASE DATA

Changes to NADAbase data collection as at 14 Feb 2024.

Data Element	New Data element	Data element modified	New Data domain	Data domain modified	New data element concept	Data element concept modified
Mandatory field					X	

The following information applies to the additional collection for data elements in each file layout.

Mandatory fields denotes that the data element must be included in the upload.

Conditional fields signifies that under specific criteria, a data element must be included. The criterion by which a value can be included can be specified within the logic rule attributes. For example, if the sex at birth values excluded all other numeric values, then inputted data element must be string to denotes 'other'.

Optional fields means that a data may or may not be collected. For example, the client's middle name, and Medicare number.

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[1] Australian Institute of Health and Welfare 2015. National Health Data Dictionary: version 16.2. National Health Data Dictionary series. Cat. no. HWI 131. Canberra: AIHW

EPISODE.TXT FILE

File layout for EPISODE.TXT

Field Nº	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
	File Layout for EPISODE.TXT				
1.	AgencyCode	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	AgencyLocation	Agency Location	Number	5	Yes
3.	Service_EpisodeID	Episode ID (Primary Key)	Number	Determined at service-level	Yes
4.	MDS_ClientCode	Person Identifier (Client Code)	String	4 to 12	Yes
5.	MDS_DOB	Date of Birth	Date (DDMMYYYY format)	8	Yes
6.	MDS_DOBEstimate	Date of Birth Status	Number	1	Yes
7.	ABS_SexAtBirth	Sex recorded at birth	Number	2	Yes
8.	ABS_SexAtBirthOther	Sex recorded at birth – other term	String	50	Conditional
9.	ABS_SexOrientation	Sexual orientation	Number	2	Yes
10.	ABS_SexOrientationOther	Sexual orientation – other term	String	50	Conditional
11.	ABS_Gender	Described gender	Number	2	Yes
12.	ABS_GenderOther	Described gender – other term	String	50	Conditional
13.	ABS_VarSex	Variation of sex characteristics	Number	2	Yes
14.	MDS_COB	Country of Birth	Number	4	Yes
15.	MDS_IndigStatus	Aboriginal and Torres Strait Islander Origin	Number	1	Yes
16.	MDS_PrefLang	Preferred Language	Number	4	Yes
17.	MDS_Income	Principal Source of Income	Number	2	Yes
18.	MDS_Living	Living Arrangement	Number	2	Yes
19.	MDS_Accommodation	Usual Accommodation	Number	2	Yes
20.	MDS_ClientType	Client Type	Number	1	Yes
21.	MDS_PDoC	Principal Drug of Concern/Gambling	Number	4	Yes
22.	MDS_PDoCSpecify	Principal Drug of Concern - specify	String	50	Optional
23.	Blank	{This is a blank field}		Send a blank field	Optional
24.	MDS_PDoCmethod	Method of Use for Principal Drug of Concern	Number	1	Yes
25.	MDS_Injecting	Injecting Drug Use	Number	1	Yes
26.	MDS_Setting	Service Delivery Setting	String	1	Yes
27.	MDS_Commencement	Date of Commencement of Service Episode	Date (DDMMYYYY format)	8	Yes
28.	MDS_EpisodeSuburb	Suburb of Residence at Commencement of Service Episode	String	50	Yes
29.	MDS_EpisodePostcode	Postcode of Residence at Commencement of Service Episode	Number	4	Yes
30.	MDS_ReferralSource	Source of Referral to Service	Number	2	Yes
31.	MDS_MainService	Main Service Provided	Number	2	Yes
32.	MDS_Cessation	Date of Cessation of Service Episode	Date (DDMMYYYY format)	8	Yes
33.	MDS_CessationReason	Reason for Cessation of Service Episode	Number	2	Yes
34.	MDS_ReferralOut	Referral to Another Service	Number	2	Yes
35.	MDS_Surname	Family Name	String	40	Optional
36.	MDS_FirstName	Given Name	String	40	Optional
37.	MDS_Othernames	Middle Name	String	40	Optional

File Layout for EPISODE.TXT					
Field N°	**Link to data dictionary entry**	**Description**	**Data type**	**Field size**	**Mandatory field**
38.	{Title is a blank field}	Title		Send a blank field	Optional
39.	MDS_SLK	Statistical Linkage Key 581 (SLK-581)	String	14	Yes
40.	{Medicare Number is a blank field}	Medicare Number		Send a blank field	Optional
41.	{Property Name is a blank field}	Property Name		Send a blank field	Optional
42.	{Unit/Flat Number is a blank field}	Unit/Flat Number		Send a blank field	Optional
43.	{Street Number is a blank field}	Street Number		Send a blank field	Optional
44.	{Street Name is a blank field}	Street Name		Send a blank field	Optional
45.	Client_Suburb	Suburb (Client information)	String	50	Yes
46.	Client_Postcode	Postcode (Client information)	Number	4	Yes
47.	Children A	Children question A	Number	1	Yes
48.	Children B	Children question B	Number	1	Yes
49.	Suicide screener	Suicide screener	String	exported as a combination of numbers and delimiters	Optional
50.	BBV screener	BBV screener			Optional
51.	DFV screener	DFV screener			Optional

Data Dictionary entries for EPISODE.TXT

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		Data Dictionary entries for EPISODE.TXT			
1.	AgencyCode	Establishment Identifier (Agency Code) The agency code is allocated to services by InforMH (NSW Ministry of Health). Either "Agency Code" or "Establishment Identifier" may be used to label this field label on paper or electronic forms.	Valid Values The shortest Agency Code possible would be 6 characters long. For example, 12A002 The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001	String	6 to 15
2.	AgencyLocation	Agency Geographical Location The Statistical Local Area (SLA) code for the geographic location of the agency that is conducting the current Service Episode. Service. SLAs are allocated by InforMH (NSW Ministry of Health).	Valid Values InforMH, NSW Ministry of Health allocates the code for each agency. Guide for Use Note that the SLA code to be provided is NOT the SA2 code. If the Service Episode occurs across more than one service site, provide the SLA that corresponds to the agency's main administrative site.	Number	5
3.	Service_EpisodeID	Episode ID (Primary Key) The Service's internal Episode ID. The number or code that identifies a service episode. Things to Check Episode IDs must not be re-issued.	Valid Values A number that identifies a service episode. Guide for Use The Episode ID distinguishes different episodes for the same client.	Number	Determined at service-level
4.	MDS_ClientCode	Person Identifier (Client Code) A unique alphanumeric code used by the Service to identify a client from other clients at the service.	Valid Values This code is assigned individually by agencies.	String	4 to 12
5.	MDS_DOB	Date of Birth The Client's date of birth. Must be a valid date prior to the *Date of Commencement of Service Episode*. If the exact date of birth is not known, record as much of the known date of birth as possible and the *Date of Birth Status* should be used to indicate which components of the date of birth are estimated.	Valid Values Must be a valid date without delimiters (e.g., without '/' or '-' or '.'). Day and month should be zero-filled (e.g., February is '02' not '2') and the year should be 4 digits. Guide for Use For estimated or approximate dates of birth do NOT use 'XX' for DD, MM or YY. Instead, use '01' if the day or month is not known (eg 01011954); and use '01011900' where no part of the date of birth is available. For further guidance on birth dates with partial estimated or approximate dates, months or years, see the MDS data dictionary.	Date (DDMMYYYY format)	8
6.	MDS_DOBEstimate	Date of Birth Status Indicates if any component of the client's *Date of Birth* was estimated. This data element should be reported in conjunction with the client's date of birth.	Valid Values 1 Estimated 2 Not estimated	Number	1

Fld Nº	Link to file layout	Description	Valid Values	Data type	Field size
			Guide for Use Code 1: Estimated – is any component of the *Date of Birth* has been estimated? Code 2: Not estimated – the *Date of Birth* has not been estimated and/or has been self-reported by the client.		
7.	ABS SexAtBirth	Sex recorded at birth Sex recorded at birth refers to what was determined by sex characteristics observed at birth or infancy. See Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 | Australian Bureau of Statistics (abs.gov.au)	Valid Values 01 Male 02 Female 95 Another term 99 Not stated/inadequately described SLK SLK-581 still uses client sex at birth data item as a component. See SLK-581 Guide for use Australian Institute of Health and Welfare (aihw.gov.au)	Number	2
8.	ABS SexAtBirthOther	Sex recorded at birth – other term	Guide for Use If '95' Another term has been specified in item 7 then the other term is specified here This is a conditional field.	String	50
9.	ABS SexOrientation	Sexual orientation The sexual orientation question is asking about sexual identity and attraction. This is how a person thinks of their own sexuality, the term they identify with and their romantic or sexual attraction to others. See Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 | Australian Bureau of Statistics (abs.gov.au)	Values 01 Straight (heterosexual) 02 Gay or lesbian 03 Bisexual 95 Another term 96 Don't know 97 Prefer not to answer	Number	2
10.	ABS SexOrientationOther	Sexual orientation – other term	Guide for Use If '95' Another term) has been specified in item 9 then the other term is specified here This is a conditional field.	String	50
11.	ABS Gender	Described gender Gender is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female. Responses to a gender question may reflect a combination of gender identity, expression and/or experience. See Standard for Sex, Gender, Variations of	Values 01 Man or male 02 Woman or female 03 Non-binary 95 Another term 97 Prefer not to answer 99 Not stated/inadequately described Guide for Use	Number	2

			Data Dictionary entries for EPISODE.TXT		
Fld N°	**Link to file layout**	**Description**	**Valid Values**	**Data type**	**Field size**
	Sex Characteristics and Sexual Orientation Variables, 2020 | Australian Bureau of Statistics (abs.gov.au)		Codes 03, 95, 97, 99: recoded as 9 (Not stated/inadequately described) for MDS submission		
12.	ABS GenderOther	Described gender – other term	Guide for Use If '95' Another term) has been specified in item 11 then the other term is specified here This is a conditional field.	String	50
13.	ABS VarSex	Variation of sex characteristics at birth Variations of sex characteristics refers to people with innate genetic, hormonal or physical sex characteristics that do not conform to medical norms for female or male bodies. See Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 | Australian Bureau of Statistics (abs.gov.au)	Values 01 Yes 02 No 96 Don't know 97 Prefer not to answer	Number	2
14.	MDS_COB	Country of Birth The country in which the client was born. Please see the list of codes: Standard Australian Classification of Countries (SACC), 2016 | Australian Bureau of Statistics (abs.gov.au)	Valid Values A valid four digit code from the Country of Birth list 0001 At sea 0000 Inadequately described* *includes people born in an aeroplane Guide for Use A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes, e.g., Hawaii is considered part of the identified country United States of America.	Number	4
15.	MDS_IndigStatus	Aboriginal and Torres Strait Islander Origin Does the person identify as First Nations Australian? (Aboriginal, Torres Strait Islander). The standard question for this data element is: *[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?* – No – Yes, Aboriginal – Yes, Torres Strait Islander – Yes, both Aboriginal and Torres Strait Islander Things to check: Multiple answers *Person answers "No" but identifies as Aboriginal or Torres Strait Islander* Use code 1 or 2 as needed and disregard the 'no' response.	Valid Values 1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated Guide for Use Code 9 is not to be available as a valid answer to the questions, but available as an option when data mapping between the AODTS MDS and other data collections without First Nations indicators. Code 9 can also be used when the person refuses to provide an answer.	Number	1

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		Person identifies as both Aboriginal and Torres Strait Islander Select code 3. *Person identifies as non-indigenous, Aboriginal and Torres Strait Islander* Select code 3 and disregard the 'no' response.			
16.	MDS_PrefLang	Preferred Language The language most preferred by the person for communication (includes sign language). This may be a language other than English, even where the person can speak fluent English. Please see the list of codes: Australian Standard Classification of Languages (ASCL), 2016	Australian Bureau of Statistics (abs.gov.au)	Valid Values A valid 4 digit code from the Preferred Language list	Number	4
17.	MDS_Income	Principal Source of Income The source from which the client legally derives 50% or more of their income. If the person has multiple sources of legally obtained income and none amount to 50%, the source that contributes the largest percentage should be entered. Things to Check Answer should be based on the person's personal legal source of income, not another person's source of income. If the person relies on another for their income, use code 06 (Dependent on others). If there is more than one legal income source, and they are exactly equal, list the source of income that the person most identifies as their primary source.	Valid Values 01 Full-time employment 02 Part-time employment 03 Temporary benefit (e.g., unemployment) 04 Pension (e.g., aged, disability)) 05 Student allowance 06 Dependent on others 07 Retirement fund 08 No income 98 Other 99 Not stated/not known/inadequately described Guide for Use Code 01: Person works more than 20 hours a week as permanent or casual. Code 02: Person works 20 hours a week or less as permanent or casual. Code 03: Refers to interim government payments (see MDS Data Dictionary, p. 85) Code 04: Includes permanent government payments (see MDS Data Dictionary, p. 85).	Number	2
18.	MDS_Living	Living Arrangement The people with whom the client is or was living with just prior to the start of the Service Episode.	Valid Values 01 Alone 02 Spouse/partner 03 Single parent with child(ren) 04 Spouse/partner and child(ren) 05 Parent(s	Number	2

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			06 Other relative(s) 07 Friend(s) 08 Friend(s /parent(s)/relative(s) and child(ren) 98 Other 99 Not known/not stated/inadequately described <u>Guide for use</u> <u>Code 03</u>: A sole parent living with one or more dependent children. <u>Code 04</u>: The person is living with a spouse or partner and one or more dependent children. <u>Code 06</u>: The person is living with extended family without a spouse or partner. <u>Code 08</u>: The person is living with extended family, with or without a spouse or partner, and with any combination of friends, parents, relatives, and dependent children. <u>Code 98</u>: Use for people in an institutional living arrangement		
19.	MDS_Accommodation	<u>Usual Accommodation</u> The client's usual type of accommodation just prior to the start of the Service Episode.	<u>Valid Values</u> 01 Rented house or flat (public or private) 02 Privately owned house or flat 03 Boarding house 04 Hostel/supported accommodation services 05 Psychiatric hospital 06 Alcohol/other drug treatment residence 07 Shelter/refuge 08 Prison/detention centre 09 Caravan on a serviced site 10 No usual residence/homeless 98 Other 99 Not known <u>Guide for use</u> <u>Code 01</u>: The person or someone with whom the client has a significant personal relationship (e.g., partner, parent) pays any form of board, rent or fee to live in the abode. <u>Code 02</u>: The person or someone with whom the client has a significant personal relationship (e.g., partner, parent) owns the accommodation in question and resides there. <u>Code 04</u>: The person lives in a supervised hostel or accommodation service such as aged care, mental health community facility or a group home. <u>Code 07</u>: Includes short-term crisis, transition, and emergency accommodation. <u>Code 98</u>: for any accommodation not included in any other data	Number	2.

	Data Dictionary entries for EPISODE.TXT				
Fld Nº	Link to file layout	Description	Valid Values	Data type	Field size
			domain (e.g., Aboriginal Mission).		
20.	MDS_ClientType	Client Type Identifies if the person contacting the service is concerned with their own alcohol and/or drug use or that of another person. To be collected **on Commencement of Service Episode**. Notes For people presenting due to issues with someone else's drug, use collection of *Principal Drug of Concern/Gambling, Method of Use for Principal Drug of Concern, Other Drugs of Concern/Gambling, Injecting Drug Use* and *Previous Services Received* is optional.	Valid Values 1 Own drug use 2 Other's drug use Guide for use Code 1: A person who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use. Code 2: Also known as secondary clients. A person who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person (i.e., a parent concerned about their drug dependent child). For people who present with issues related to their own and someone else's drug use, use Code 1 and fill all data elements in reference to their own drug use.	Number	1
21.	MDS_PDoC	Principal Drug of Concern/Gambling (PDoC) The drug that the client has identified as the reason for seeking the service. The PDoC is collected or verified during assessment or on Commencement of the Service Episode. Please see the list of codes: Australian Standard Classification of Drugs of Concern (ASCDC), 2016	Australian Bureau of Statistics (abs.gov.au)	The four digit codes used for this data element are from the Australian Standard Classification of Drugs of Concern (ASCDC) produced by the Australian Bureau of Statistics (Cat. No. 1248.0). If the client indicates a more specific drug of concern (e.g., pethidine, LSD), the clinician must indicate this using the four digit ASDC codes. Things to check Responses selected for *Principal Drug of Concern/Gambling* should not duplicate responses selected for *Other Drugs of Concern/Gambling*. Data for *Principal Drug of Concern/Gambling* should be consistent with data for *Method of Use for Principal Drug of Concern* (e.g., if principal drug is 'alcohol', the method of use should not be 'smoke'). For clients who are presenting with gambling issues (*Principal Drug of Concern/ Gambling* = code '0009' – 'gambling'), the *Method of Use for Principal Drug of Concern* should default to code '0' – 'not collected'. For secondary clients who are presenting with issues about someone else's drug use (Client Type = code '2' – 'Other's drug use'), *Principal Drug of Concern/Gambling* should default to code. '0001 – Not stated'. Activities performed must include a clinical assessment. Although excluded from the scope of the NSW MDS DATS, agencies can include activities performed for clients presenting for gambling issues in data submitted to the NSW Ministry of Health. Analysis of the NSW MDS DATS will not include this data.	Number	4

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
22.	MDS PDoCspecify	Principal Drug of Concern- specify {This is a blank field}	This is an optional field.	String	50
23.	Blank	{This is a blank field}	Send a blank field in place of this field.		Send a blank field
24.	MDS_PDoCmethod	Method of Use for Principal Drug of Concern The client's usual method of administering the Principal Drug of Concern/Gambling, as stated by the client. Things to check Data for method of use should be concordant with *Principal Drug of Concern/Gambling* (e.g., if principal drug is 'alcohol', the method of use should not be 'smoke'). For clients who are presenting with gambling issues (*Principal Drug of Concern/ Gambling* = code '0009' – 'Gambling'), the *Method of Use for Principal Drug of Concern* should default to code '0' – 'Not collected'. For secondary clients who are presenting with issues about someone else's drug use (*Client Type* = code '2' – 'Other's drug use'), *Method of Use for Principal Drug of Concern* should default to code '0' – 'Not collected' or be left blank.	Valid Values 0 Not collected 1 Ingest 2 Smoke 3 Inject 4 Sniff (powder) 5 Inhale (vapour) 8 Other 9 Not stated/inadequately described Guide for use Code 0: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use. Code 1: Ingest – refers to eating, drinking or swallowing. Code 2: Smoke – includes smoking from bongs. Code 4: Sniff – snorting of powder (e.g., cocaine). Code 5: Inhale – chasing and chroming of volatile substances (e.g., paint, petrol and amyl nitrate).	Number	1
25.	MDS Injecting	Injecting Drug Use The period of time since the client last had any drug administered by injection. Includes intravenous, intramuscular and subcutaneous injection. This data element is collected at the time of Commencement of Service Episode. Things to Check A three-month period is required as a clinically relevant period of time for the definition of 'current' injecting drug use (code '1').	Valid Values 0 Not collected 1 Last injected within the previous 3 months 2 Last injected more than 3 months ago but less than 12 months ago 3 Last injected 12 months ago or more 4 Never injected 9 Not stated/inadequately described Guide for use Code 0: Only use for secondary clients who present only with issues related to someone else's drug use. For secondary clients who are presenting with issues about someone else's drug use (Client Type = code '2' – 'Other's drug use'), *Injecting Drug Use* should default to code '0' – 'Not collected' or be left blank.	Number	1
26.	MDS_Setting	Service Delivery Setting The principal setting in which the *Main Service Provided* is provided to the client.	Valid Values 1 Community/Outpatient 3 Home	String	1

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		The *Service Delivery Setting* relates to the services being provided for a client during a particular **Service Episode**. Consequently, where agencies operate services within more than one type of setting, the type of setting specified will differ according to the nature of the **Service Episode**. Things to check A change in this data element constitutes a trigger for commencing a new **Service Episode**. For example, if a client switches from an inpatient to an outpatient *Service Delivery Setting*, a new **Service Episode** should be opened	5 Correctional A Inpatient B Residential Guide for Use Code 1: Community/outpatient – includes hospital outpatient departments and community settings. Code 3: Home – the client's own home or usual place of residence. Code 5: Correctional – correctional settings, including Juvenile Justice centres and prisons. Code A: Inpatient – hospital based environment where the client is a registered inpatient receiving care in a hospital, bed or equivalent. Code B: Residential – facilities providing drug and alcohol treatment where the client is a temporary or long term resident. Excludes the client's home/ usual place of residence. Only one code is to be selected.		
27.	MDS_Commencement	Date of Commencement of Service Episode The date on which a Service Episode commences. Things to Check Must be less than or equal to the *Date of Cessation of Service Episode*. Must be greater than or equal to *Date of Birth*.	Valid Values Must be a valid date without delimiters (i.e., without '/' or '-' or '.'). Day and month should be zero-filled (i.e., February is '02' not '2') and the year should be 4 digits. Guide for Use The *Date of Commencement of Service Episode* is the date of the first service contact, when assessment and/or treatment occurs. In residential programs, the *Date of Commencement of Service Episode* is the date of admission. If the assessment is carried out on a date prior to admission, it is counted as a separate **Service Episode** as 'assessment only'.	Date (DDMMYYYY format)	8
28.	MDS_EpisodeSuburb	Suburb of Residence at Commencement of Service Episode The suburb of the client's usual place of residence at the commencement of the **Service Episode**	Valid values The *Suburb of Residence at Commencement of Service Episode* should use actual geographic suburbs provided by Australia Post. Guide for Use If information is unknown, 'Unknown' or 'No fixed abode' can be used.	String	50
29.	MDS_EpisodePostcode	Postcode of Residence at Commencement of Service Episode The postcode of the client's usual place of residence at the commencement of the **Service Episode**.	Valid Values The *Postcode of Residence at Commencement of Service Episode* should use actual geographic postcodes provided by Australia Post.	Number	4

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		Things to Check The value collected in this field should NOT be used to default the *Postcode of Service Contact* field when a **Service Contact** occurring within the client's home is recorded, as the client may have moved since the start of the episode.	Guide for Use Postcodes for post office boxes or other administrative centres should NOT be used. '9999' may be used if the postcode is 'Unknown'. '9998' may be used for clients where the address is 'No fixed abode'.		
30.	MDS_ReferralSource	Source of Referral to Service The source from which the person was transferred or referred for the current Service Episode. The referral may be interpreted informally, i.e., not requiring a written or phone referral. For clarification, the client could be asked 'Where or from whom did you hear of this service?'	Valid Values 01 Self 02 Family member/friend 03 General practitioner 04 Medical officer/specialist 05 Psychiatric hospital 06 Other hospital 07 Residential community mental health care unit 08 Residential alcohol and other drug treatment agency 09 Other residential community care unit 10 Education institution 11 Non-residential community mental health centre 12 Non-residential alcohol and other drug treatment agency 13 Non-residential community health centre 14 Other non-health service agency 15 Police diversion 16 Court diversion 17 Other criminal justice setting 18 Workplace (EAP) 19 Family and child protection service 20 Needle and syringe program 21 Medically supervised injecting centre 98 Other 99 Not stated/inadequately described Guide for Use Code 03: General practitioner – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary care medical practitioners in private practice. Code 04: Medical officer/specialist – used for any medical personnel, apart from general practitioners, including medical officers at hospitals and specialists in private practice. Code 05: Psychiatric hospital – includes acute and non-acute psychiatric inpatient facilities. Code 06: Other hospital – includes public and private acute care hospitals, hospitals specialising in dental, palliative care, ophthalmic	Number	2

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes hospital outpatient clinics (which should be coded '11' to '13'). Code 07: Residential community mental health care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability. Code 08: Residential alcohol and other drug treatment agency – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes drug and alcohol residential treatment units. Code 09: Other residential community care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Code 10: Educational institution – includes all educational institutions such as schools, universities and colleges. Code 11: Non-residential community mental health care centre – includes non-residential centre-based establishments providing a range of community-based mental health services. Code 12: Non-residential alcohol and other drug treatment agency – includes nonresidential centre-based establishments providing a range of community-based drug and alcohol health services. Code 13: Non-residential community health centre – includes non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, women's health centres, domiciliary care and nursing, aged care assessment teams, rehabilitation services, and multipurpose health centres. Code 14: Other non-health service agency – includes home and community care agencies, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, church/religious organisation, clubs and associations, social welfare agencies (excluding DoCS), non-health community organisations, professional or personal carers, family support services, domestic violence and incest resource centres or services, and Aboriginal co-operatives. Code 15: Police diversion – includes all police diversion schemes such as the Cannabis Cautioning Scheme.		

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			Code 16: Court diversion – includes all court diversion schemes including the Adult Drug Court, Youth Drug Court, and Magistrates Early Referral into Treatment (MERIT) program. Code 17: Other criminal justice setting – includes all correctional and criminal justice settings, apart from police diversion and court diversion (including probation and parole), prisons and detention centres. Code 18: Workplace (EAP) – includes any referrals from the client's workplace such as the Employee Assistance Program (EAP). Code 19: Family and child protection service – includes family and children's health services and Department of Community Services. Code 20: Needle and syringe program – includes all referrals from needle and syringe programs. Code 21: Medically supervised injecting centre – includes all referrals from a medically supervised injecting centre. Code 98: Other – any referral from a source not listed above.		
31.	MDS_MainService	Main Service Provided The main activity determined at assessment by the service provider to treat the client's alcohol and/or drug problem for the *Principal Drug of Concern/Gambling*. A service provided to the client that requires regular contact with agency staff throughout the **Service Episode**. To be completed at assessment or at **Commencement of Service Episode**. The *Main Service Provided* is the principal activity as judged by the service provider that is necessary for the completion of the treatment plan for the *Principal Drug of Concern/ Gambling*. The *Main Service Provided* is the principal focus of a single **Service Episode** and thus each **Service Episode** will only have one *Main Service Provided*. For brief interventions, the *Main Service Provided* might apply to as few as one contact between the client and agency staff. Things to Check There should be no duplication with *Other Services Provided*. In a group counselling session, the NSW MDS DATS	Valid Values 10 Counselling 20 Withdrawal management (detoxification) 30 Rehabilitation activities 40 Maintenance pharmacotherapy (Opioid) 48 Maintenance pharmacotherapy (Non-opioid) 50 Consultation activities 60 Support and case management only 70 Involuntary D&A Treatment (IDAT) 91 Assessment only 92 Information and education only 98 Other Guide for Use Only one code is to be selected. Code 10: Counselling – includes any method of individual or group counselling directed towards any therapeutic goals of Drug and Alcohol treatment. This code excludes counselling activity that is part of a rehabilitation program. Code 20: Withdrawal Management (detoxification) – any form of withdrawal management, including medicated and non-medicated, in any delivery setting. Code 30: Rehabilitation activities – an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e., up to 24 hours a day) and tends towards a medium to longer-term duration.	Number	2

Fld Nº	Link to file layout	Description	Valid Values	Data type	Field size
		should be collected only for registered clients. 'Support and case management only' should NOT be selected as the *Main Service Provided* when case management and/or short interventions are included during dosing at a pharmacotherapy clinic. In this instance, the appropriate maintenance pharmacotherapy option should be selected as the *Main Service Provided*. Examples of when to use 'Support and case management only' include: - Agencies which have a mission or strategy that is based on a case management model and use this as a focus of treatment (e.g., MERIT). - Agencies which provide a range of services (e.g., Hepatitis C or drug use in pregnancy programs) or have service partnership agreements with other service providers (e.g., a non-government organisation providing support to a client who is on pharmacotherapy treatment), 'Assessment only' is to be used when there is no other service provided (or planned to be provided) to the client, other than a **clinical assessment** involving the comprehensive gathering of information to determine the severity of the person's alcohol and/or other drug use, resulting in the determination of the most appropriate form of service to be provided by another agency. It is considered that the majority of 'assessment only' *Main Service Provided* activities would result in the completion of the assessment process and referral of the client to an appropriate form of service. Examples of 'Assessment only' activities include: - A client is assessed by the LHD Community based Assessment Team, is considered to be eligible for withdrawal treatment, and is referred to the local residential withdrawal unit. - A client is assessed at a day program rehabilitation unit, but is found to be ineligible for the service and is referred elsewhere. - A client is assessed at a detoxification unit, but is found to be suicidal and is referred to the Mental Health	Code 40: Maintenance pharmacotherapy (Opioid) – includes Methadone, Buprenorphine, Buprenorphine/Naloxone and Slow release oral Morphine. Use Code 20 where a pharmacotherapy is used solely for withdrawal. Code 48: Maintenance pharmacotherapy (Non-Opioid) – pharmacotherapy using drugs other than opioid substitutes. Includes Naltrexone, Acamprosate, and Disulfiram. Includes those used as maintenance therapies and those used as relapse prevention. Use Code 20 where a pharmacotherapy is used solely for withdrawal. Code 50: Consultation activities – activities undertaken with a client under the care of a clinician or service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment, but not involve prescribing maintenance pharmacotherapy. Services that may be included in this category include dual diagnosis and pain management activities. Code 60: Support and case management only – to be used when the other service type descriptions are inadequate and 'support and case management only' best describes the service being provided. It is noted that service contacts would generally include a component of support and case management. Code 70: Involuntary Drug and Alcohol Treatment (IDAT) – a structured D&A Treatment program that provides medically supervised withdrawal, rehabilitation and supportive interventions to identified patients through involuntary detention. Code 91: Assessment only – where there is no service provided to the client other than a clinical assessment, involving the comprehensive gathering of information to determine the severity of the person's alcohol and/or other drug use, resulting in the determination of the most appropriate form of service. It is noted that service contacts would generally include an assessment component. Code 92: Information and education only – where there is no service provided to the client other than providing information and education. It is noted that, in general, service contacts would include a component of information and education. Code 98: Refers to other treatment types not further defined, such as nicotine replacement therapy or outdoor therapy. Note: Consultations between clinicians regarding a particular client are considered out of scope for the NSW MDS DATS.		

Fld Nº	Link to file layout	Description	Valid Values	Data type	Field size
		service. - A client is assessed as eligible at a residential rehabilitation unit, but the bed is not available for another week, and NO other form of treatment is provided in the interim. 'Assessment only' should NOT be selected as the *Main Service Provided* where the client is assessed and deemed eligible at an agency, with the intent that the client proceed onto treatment provided by the agency. Examples of where 'Assessment only' would NOT be used include: - A client is assessed as eligible at a residential withdrawal unit, but the client does not progress further into treatment – in this case, 'Withdrawal management (detoxification)' should be selected as the *Main Service Provided*. - A client is assessed as eligible at a day program rehabilitation unit and attends the first session, but fails to attend any further session – in this case, 'Rehabilitation activities' should be selected as the *Main Service Provided*. - A client is assessed as eligible for counselling and is provided some counselling over and above that normally provided as part of the assessment, but fails to attend any further counselling session – in this case, 'counselling' should be selected as the *Main Service Provided*.			
32.	MDS_Cessation	Date of Cessation of Service Episode Date on which a **Service Episode** ceases. Things to Check Must be greater than or equal to the *Date of Commencement of Service Episode* and *Date of Birth*.	Valid Values Must be a valid date without delimiters (i.e., without '/' or '-' or '.'). Day and month should be zero-filled (i.e., February is '02' not '2') and the year should be 4 digits. Guide for Use Refers to the date of the last service contact in a **Service Episode** between the client and service provider. A **Service Episode** will normally be declared 'closed' at the **Cessation of Service Episode**. However, when there has been no client contact for one month, and there are no plans for future contact, the **Service Episode** must be declared 'closed'. In these circumstances, the *Date of Cessation of Service Episode* should be the date of the last client contact	Date (DDMMYYYY format)	8

Data Dictionary entries for EPISODE.TXT					
Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			(or, in the case of opioid treatment clients, the date on which the client was **last dosed**, whichever is the latter). For residential programs, the **Service Episode** will be declared 'closed' on the date of discharge. Refer to data element concept **Cessation of Service Episode** to determine when a **Service Episode** ceases.		
33.	MDS_CessationReason	Reason for Cessation of Service Episode The reason that the client's Service Episode ceased. To be collected on Cessation of Service Episode.	Valid Values 01 Service completed 02 Transferred/referred to another service 03 Left without notice 04 Left against advice 05 Left Involuntarily (non-compliance) 06 Moved out of area 07 Sanctioned by drug court/court diversion program 08 Imprisoned, other than drug court sanction 09 Released from prison 10 Died 98 Other 99 Not stated/inadequately described Guide for Use Each category applies to particular circumstances, as follows: Code 01: Service completed – all of the immediate goals of the treatment program have been fulfilled or treatment is no longer needed. This includes where the client ceased to participate by mutual agreement and where the service is no longer required. Code 02: Transferred/referred to another service – the service is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital or nursing home. Excludes situations where the original service was completed before the client transferred to a different provider for another service (use code '01' – 'service completed'). Code 03: Left without notice – the client has ceased to participate in treatment without providing any prior notice of their intention to stop participating. Code 04: Left against advice – service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from service provider that such action is against their best interests. Code 05: Left involuntarily – the client has been discharged by the	Number	2

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			service provider from the treatment program due to non-compliance with the rules or conditions of the program (use code '07' for drug court/court diversion program clients). Code 06: Moved out of area – the client ceased to receive treatment from the service because the client moved out of the geographic area. Code 07: Sanctioned by drug court/court diversion program – a drug court and/or court diversion program client is sanctioned back into jail for noncompliance with program. Code 08: Imprisoned, other than drug court sanction – a client is imprisoned for reasons other than code '07'. Code 09: Released from prison – a client of a prison treatment program is released from prison. Code 10: Died – a client has died. Code 98: Other – any other reason for cessation.		
34.	MDS_ReferralOut	Referral to Another Service The type of service to which clients are referred, either during the Service Episode or at the completion of the Service Episode. Referral in this context should be regarded as a formal referral process that results in a letter or phone call to the agency that the client is being referred to for the continuation of the client's principal treatment needs. To be collected on **Cessation of Service Episode**.	Valid Values 03 General practitioner 04 Medical officer/specialist 05 Psychiatric hospital 06 Other hospital 07 Residential community mental health care unit 08 Residential alcohol and other drug treatment agency 09 Other residential community care unit 10 Education institution 11 Non-residential community mental health centre 12 Non-residential alcohol and other drug treatment agency 13 Non-residential community health centre 14 Other non-health service agency 18 Workplace (EAP) 19 Family and child protection service 97 No referral 98 Other 99 Not stated/inadequately described Guide for Use Code 03: General practitioner – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary care medical practitioners in private practice. Code 04: Medical officer/specialist – used for any medical personnel apart from general practitioners, including medical officers at hospitals and specialists in private practice. Code 05: Psychiatric hospital – includes acute and non-acute psychiatric inpatient facilities. Code 06: Other hospital – includes public and private acute care	Number	2

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			hospitals, hospitals specialising in dental, palliative care, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes hospital outpatient clinics (which should be coded '11' to '13').		
			Code 07: Residential community mental health care unit – includes mental health settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability.		
			Code 08: Residential alcohol and other drug treatment agency – includes drug and alcohol settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes drug and alcohol residential treatment units.		
			Code 09: Other residential community care unit – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.		
			Code 10: Educational institution – includes all educational institutions such as schools, universities and colleges.		
			Code 11: Non-residential community mental health care centre – includes non-residential centre-based establishments providing a range of community-based mental health services.		
			Code 12: Non-residential alcohol and other drug treatment agency – includes non-residential centre-based establishments providing a range of community-based drug and alcohol health services.		
			Code 13: Non-residential community health centre – includes non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, women's health centres, domiciliary care and nursing, aged care assessment teams, rehabilitation services, and multipurpose health centres.		
			Code 14: Other non-health service agency – includes home and community care agencies, agencies providing care or assistance to persons in their own homes, childcare centres/pre-schools or kindergartens, community centres, church/religious organisation, clubs and associations, social welfare agencies (excluding DoCS), non-health community organisations, professional or personal carers, family support services, domestic violence and incest resource centres or services, Aboriginal co-operatives, Department of Housing, Department of Education and Training, and the Department of Health and Aging.		

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			Code 18: Workplace (EAP) – includes any referrals from the client's workplace such as the Employee Assistance Program (EAP). Code 19: Family and child protection service – includes family and children's health services and Department of Community Services.		
35.	MDS_Surname	Family Name The person's surname or name by which the family group is identified, as distinguished from his/her given names. Things to Check Family name should be recorded in the format required for identification purposes, and should be as printed on the Medicare card, rather than a preferred name, to ensure consistent collection of name data.	Valid Values Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits. This is an optional field. Guide for Use **Persons with only one name** If the person has only one name, enter that name in the Family name field. If the Given name field is mandatory, enter "NoGivenName" in that field. **Maiden or previous name as an alias** If a person changes their name following marriage or returns to their maiden name, the previous name should be recorded as an Alias if different to their current Family name, to ensure past records can be linked. **If the Family name needs to be shortened** If the length of the Family name exceeds the length of the field and needs to be shortened, truncate the Family name from the right (i.e. drop the final letters). Where both source and interfaced system(s) functionality permit, the last character should be a hash (#) to identify that the name has been truncated. **Punctuated names** If special characters form part of the name they should be included. Do not leave a space before or after an apostrophe or a hyphen. A space should be left between a full stop and the next character, e.g. "St. John". **Hyphenated Family names** The full hyphenated name should be recorded as the Family name. Hyphenated names should be entered with the hyphen and no spaces before or after the hyphen. In addition, record each of the hyphenated names as an Alias (if the local system has this capacity). Sometimes persons with hyphenated Family names use only one of the two hyphenated names, so recording each of the hyphenated names as Aliases facilitates searching.	String	40

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			Multiple words in Family name Where a person has multiple words in their Family name, record them all. Separate the words with a space, e.g. El Haddad, Van Der Linden. **Prefixes** Where a Family name contains a prefix, such as one to indicate that the client is a widow, this must be recorded in the Family name field. For example, when widowed some Hungarian women add "Ozvegy" (abbreviation is "Ozy") before their married Family name – Mrs Szabo would become Mrs Ozy Szabo. "Ozy Szabo" should therefore become the Family name. **Ethnic names** Correct coding for ethnic names is provided in the Centrelink publication "Naming Systems of Ethnic Groups" (2000) Commonwealth of Australia, p. 67-8. **Misspelled Family name** If the person's Family name has been misspelled, update the Family name with the correct spelling and record the misspelled Family name as an Alias name.		
36.	MDS_FirstName	Given Name(s) A person's identifying name within the family group or by which the person is uniquely socially identified. Things to Check Health care establishments may record Given names (first and other given names) in one field or several fields. This data element definition applies regardless of the format of data recording or capture. Given name should be recorded in the format required for identification purposes, and should generally be that printed on the Medicare card rather than a preferred name, to ensure consistent collection of name data.	Valid Values Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits. This is an optional field. Guide for Use **Persons with only one name** If the person has only one name, enter that name in the Family name field, and leave the Given name blank. If the Given name field is mandatory in an information system and is unable to remain blank, enter 'NoGivenName'. **Punctuated names** If special characters form part of the name they should be included. Do not leave a space before or after an apostrophe or a hyphen. A space should be left between a full stop the next character, e.g. "St. John". **Hyphenated Given names** The full hyphenated name should be recorded as the Given name. Hyphenated names should be entered with the hyphen and no spaces	String	40

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
			before or after the hyphen. In addition, for a hyphenated first Given name, record each of the hyphenated names as an Alias. Sometimes persons with hyphenated Given names use only one of the two hyphenated names, so recording each of the hyphenated names as Aliases facilitates searching. **Ethnic names** Correct coding for ethnic names is provided in the Centrelink publication "Naming Systems of Ethnic Groups" (2000) Commonwealth of Australia, p. 67-8. **Misspelled Given name** If the person's Given name has been misspelled in error, update the Given name with the correct spelling and record the misspelled Given name as an Alias name. However, it should not be assumed that the name has been misspelled, as there may be an unusual spelling of the name, e.g. Peter spelt Pieter, Lee spelt Ly, and Michael spelt Micheal. Recording misspelled names is important for filing documents that may be issued with previous versions of the person's name and also to assist in searching in the event the misspelled name is used again		
37.	MDS_Othernames	Middle Name A name given to a client (other than given name) which is that person's second identifying name.	Valid Values Mixed case (title case) should be used (e.g. Fiona Smith) in preference to upper case only, where system functionality permits. This is an optional field.	String	40
38.	{Title is a blank field}	Title {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
39.	MDS_SLK	Statistical Linkage Key 581 (SLK-581) A statistical linkage key (SLK) is an alphanumeric code that identifies unique records. It consists of a combination of letters and numbers, represented by a code, from an individual's first and last names, their sex and date of birth. This combination of components is highly unlikely to be the same for any two people and therefore it is possible to count unique records withut the individual's actual identity being disclosed.	Valid Values The structure of the complete SLK–581 element is: XXXXXDDMMYYYYN Guide for Use The SLK–581 is derived from data already captured for each client, comprising: - Letters of family name (second, third and fifth letters) - Letters of given name (second and third letters) - Date of birth - Sex at birth See SLK-581 Guide for use_Australian Institute of Health and Welfare (aihw.gov.au)	String	14

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		Data Dictionary entries for EPISODE.TXT			
40.	{Medicare Number is a blank field}	Medicare Number {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
41.	{Property Name is a blank field}	Property Name {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
42.	{Unit/Flat Number is a blank field}	Unit/Flat Number {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
43.	{Street Number is a blank field}	Street Number {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
44.	{Street Name is a blank field}	Street Name {This is a blank field}	Send a blank field in place of this field. This is an optional field.		Send a blank field
45.	Client_Suburb	Client's Suburb of Residence The suburb of the client's usual place of residence. Things to Check The value collected in this field could be different to the suburb in the Episode, as the client may have moved since the start of the episode.	Valid values The *Suburb of Residence* should use actual geographic suburbs provided by Australia Post. Guide for Use If information is unknown, 'Unknown' or 'No fixed abode' can be used.	String	50
46.	Client_Postcode	Client's Postcode of Residence The postcode of the client's usual place of residence. Things to Check The value collected in this field could be different to the postcode in the Episode, as the client may have moved since the start of the episode.	Valid Values The *Postcode of Residence* should use actual geographic postcodes provided by Australia Post. Guide for Use Postcodes for post office boxes or other administrative centres should NOT be used. '9999' may be used if the postcode is 'Unknown'. '9998' may be used for clients where the address is 'No fixed abode'.	Number	4
45.	Children A	Children question A Has you at any time in the past four weeks, been a primary care giver for or living with any child/children aged under 5 years?	Valid Values 1 Yes 2 No 3 Not stated/inadequately described	Number	1
46.	Children B	Children question B Have you at any time in the past four weeks, been a primary caregiver for or living with any child/children aged 5-15 years?	Valid Values 1 Yes 2 No 3 Not stated/inadequately described	Number	1
47.	Suicide screener		Format "1;2;3;4;5;6;6a;6b;6c;7;8;8a;8b;8c;8d;8e;8f;8g;8h;9;9a;9b;10;risk;11"	String	exported as a combination of numbers and delimiters

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		1. I need to ask you a few questions on how you have been feeling, is that ok? • ☐ Yes • ☐ No • ☐ Did not ask • **2.** In the past 4 weeks did you feel so sad that nothing could cheer you up? • ☐ All of the time • ☐ Most of the time • ☐ Some of the time • ☐ A little of the time • ☐ None of the time • ☐ Don't wish to say • ☐ Did not ask • **3.** In the past 4 weeks, how often did you feel no hope for the future? • ☐ All of the time • ☐ Most of the time • ☐ Some of the time • ☐ A little of the time • ☐ None of the time • ☐ Don't wish to say • ☐ Did not ask • **4.** In the past 4 weeks, how often did you feel intense shame or guilt? • ☐ All of the time • ☐ Most of the time • ☐ Some of the time • ☐ A little of the time • ☐ None of the time • ☐ Don't wish to say • ☐ Did not ask • **5.** In the past 4 weeks, how often did you feel worthless?	This is an optional field. Valid values 1 Yes 2 No 3 Did not ask Valid values 1 All of the time 2 Most of the time 3 Some of the time 4 A little of the time 5 None of the time 6 Don't wish to say 7 Did not ask		

		Data Dictionary entries for EPISODE.TXT			
Fld N°	Link to file layout	Description	Valid Values	Data type	Field size

		• ☐ All of the time
		• ☐ Most of the time
		• ☐ Some of the time
		• ☐ A little of the time
		• ☐ None of the time
		• ☐ Don't wish to say
		• ☐ Did not ask
		6. Have you ever tried to kill yourself?
		• ■ Yes*
		• ☐ No
		• ☐ Don't wish to say
		• ☐ Did not ask
		If YES is selected at Question 6 the below shadowed questions are to be responded to.
		   a. How many times have you tried to kill yourself?
		• ☐ Once
		• ☐ Twice
		• ☐ Three times or more
		• ☐ Don't wish to say
		• ☐ Did not ask
		•
		   b. How long ago was the last attempt?
		• ☐ In the last 2 months
		• ☐ 2–6 months ago
		• ☐ 6-12 months ago
		• ☐ 1-2 years ago
		• ☐ More than 2 years ago
		• ☐ Don't wish to say
		• ☐ Did not ask
		•
		   c. Have things changed since?
		• ☐ Yes
		• ☐ No
		• ☐ Don't wish to say
		• ☐ Did not ask
		•
		7. Have you gone through any upsetting events recently? (*tick all that apply*)
			<u>Valid values</u>
			1 Yes
			2 No
			3 Don't wish to say
			4 Did not ask
			
			<u>If a value of 1 (Yes) is returned from Question 6, then the following values are valid:</u>
			
			<u>Valid values</u>
			1 Once
			2 Twice
			3 Three times or more
			4 Don't wish to say
			5 Did not ask
			
			<u>Valid values</u>
			1 In the last 2 months
			2 2-6 months ago
			3 6-12 months ago
			4 1-2 years ago
			5 More than 2 years ago
			6 Don't wish to say
			7 Did not ask
			
			<u>Valid values</u>
			1 Yes
			2 No
			3 Don't wish to say
			4 Did not ask
			
			<u>Valid values</u>
			1 Family breakdown		

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size

		• ☐ Family breakdown
		• ☐ Relationship problem
		• ☐ Loss of loved one
		• ☐ Conflict relating to sexual identity
		• ☐ Impending legal prosecution
		• ☐ Child custody issues
		• ☐ Chronic pain/illness
		• ☐ Trauma
		• ☐ Don't wish to say
		• ☐ Did not ask
		
		8. Have things been so bad lately that you have thought about killing yourself?
		• ☐ Yes
		• ☐ No
		• ☐ Don't wish to say
		• ☐ Did not ask
		
		If YES is selected at Question 8 the below shadowed questions are to be responded to.
		   a. How often do you have thoughts of suicide?
		• ☐ Daily
		• ☐ Weekly
		• ☐ Monthly
		• ☐ Don't wish to say
		• ☐ Did not ask
		•
		   b. How long have you been having these thoughts?
		• ☐ In the last 2 months
		• ☐ 2–6 months ago
		• ☐ 6-12 months ago
		• ☐ 1-2 years ago
		• ☐ More than 2 years ago
		• ☐ Don't wish to say
		• ☐ Did not ask
		•
		   c. How intense are these thoughts when they are most severe?
			2 Relationship problem
			3 Loss of loved one
			4 Conflict relating to sexual identity
			5 Impending legal prosecution
			6 Child custody issues
			7 Chronic pain/illness
			8 Trauma
			9 Homelessness
			10 Loss of job
			11 Not applicable
			12 Don't wish to say
			13 Did not ask
			
			Valid values
			1 Yes
			2 No
			3 Don't wish to say
			4 Did not ask
			
			If a value of 1 (Yes) is returned from Question 8, then the following values are valid:
			
			Valid values
			1 Daily
			2 Weekly
			3 Monthly
			4 Don't wish to say
			5 Did not ask
			
			Valid values
			1 In the last 2 months
			2 2-6 months ago
			3 6-12 months ago
			4 1-2 years ago
			5 More than 2 years ago
			6 Don't wish to say
			7 Did not ask
			
			Valid values		

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		• ☐ Very intense • ☐ Intense • ☐ Somewhat intense • ☐ Not at all intense • ☐ Don't wish to say • ☐ Did not ask	1 Very intense 2 Intense 3 Somewhat intense 4 Not at all intense 5 Don't wish to say 6 Did not ask		
		d. How intense have these thoughts been in the last week? • ☐ Very intense • ☐ Intense • ☐ Somewhat intense • ☐ Not at all intense • ☐ Don't wish to say • ☐ Did not ask	<u>Valid values</u> 1 Very intense 2 Intense 3 Somewhat intense 4 Not at all intense 5 Don't wish to say 6 Did not ask		
		e. Do you have a current plan for how you would attempt suicide? • ☐ Yes • ☐ No • ☐ Don't wish to say • ☐ Did not ask •	<u>Valid values</u> 1 Yes 2 No 3 Don't wish to say 4 Did not ask		
		If YES is selected at Question 8e the below shadowed questions are to be responded to. f. Do you have access to means? • ☐ Yes • ☐ No • ☐ Don't wish to say • ☐ Did not ask	<u>If a value of 1 (Yes) is returned from Question 8e, then the following values are valid:</u> <u>Valid values</u> 1 Yes 2 No 3 Don't wish to say 4 Did not ask		
		g. Have all necessary preparations been made? • ☐ Yes • ☐ No • ☐ Don't wish to say • ☐ Did not ask •	<u>Valid values</u> 1 Yes 2 No 3 Don't wish to say 4 Did not ask		
		h. How likely are you to act on this plan in the near future?			

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		• ☐ Very likely • ☐ Likely • ☐ Unlikely • ☐ Very Unlikely • ☐ Don't wish to say • ☐ Did not ask •	Valid values 1 Very likely 2 Likely 3 Unlikely 4 Very Unlikely 5 Don't wish to say 6 Did not ask		
		9. Do you have any friends/family members you can confide in if you have a serious problem? • ☐ Yes • ☐ No • ☐ Don't wish to say • ☐ Did not ask	Valid values 1 Yes 2 No 3 Don't wish to say 4 Did not ask		
		If YES is selected at Question 9 the below shadowed questions are to be responded to. 　a. Who is/are this/these person/people? (*tick all that apply*) 　☐ Friend 　☐ Partner 　☐ Carer/counsellor 　☐ Parent 　☐ Peer 　☐ Sibling 　☐ Child 　☐ Other family member 　☐ Don't wish to say/no response	If a value of 1 (Yes) is returned from Question 9, then the following values are valid: Valid values 1 Friend 2 Partner 3 Carer/Counsellor 4 Parent 5 Peer 6 Sibling 7 Child 8 Other family member 9 Don't wish to say/no response		
		b. How often are you in contact with this/these person/people? 　　• ☐ Daily 　　• ☐ A few days a week 　　• ☐ Weekly 　　• ☐ Monthly 　　• ☐ Less than once a month 　　• ☐ Don't wish to say 　　• ☐ Did not ask	Valid values 1 Daily 2 A few days a week 3 Weekly 4 Monthly 5 Less than once a month 6 Don't wish to say 7 Did not ask		
		10. Client presentation/statements (*tick all that apply*) • ☐ Agitated • ☐ Disorientated/confused	Valid values 1 Agitated		

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		• ☐ Delusional/hallucinating • ☐ Intoxicated • ☐ Self-Harm **Clinician rated risk level of client** 🟩 Low 🟫 Moderate 🟥 High **11.** Action/s taken as a result of the screener. (*at least one box must be selected*) • ☐ Action added to client care plan • ☐ Referral made to external service • ☐ Referral made to internal service • ☐ Consultation recorded in client progress notes • ☐ No action taken	2 Disorientated/confused 3 Delusional/hallucinating 4 Intoxicated 5 Self-Harm Valid values 1 Low 2 Moderate 3 High Valid values 1 Action added to client care plan 2 Referral made to external service 3 Referral made to internal service 4 Consultation recorded in client progress notes 5 No action taken 6 Education information provided Guide for Use • Questions 7, 9a, 10, 11 can be multiple selections. Use ~ to delimit e.g. 1~3~5 • Data collected must be 25 fields, if no answer then null (e.g. 1;;;;;;;;;;) • If no suicide data then enter as ""		
48.	BBV screener	**1.** In the last 12 months, have you been tested for a blood-borne virus such as hepatitis A, B, C or HIV? • ☐ Yes • ☐ No • ☐ Don't wish to say • ☐ Did not ask **2.** In the last 12 months, have you had a sexual health check-up? ☐ Yes	Format "1;2;3;4;4a;5;6;7" This is an optional field. Valid Values 1 Yes 2 No 3 Don't wish to say 4 Did not ask Valid Values 1 Yes 2 No	String	exported as a combination of numbers and delimiters

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		☐ No ☐ Don't wish to say ☐ Did not ask 3. If so, do you know the results of that test? ☐ Results positive ☐ Results negative ☐ Don't know ☐ Don't wish to say ☐ Did not ask **Questions 4, 5 and 6 to be responded to if 'Results Positive' is selected** 4. What did you test positive for? (*More than one box can be selected*) • ☐ HIV • ☐ Hepatitis A • ☐ Hepatitis B • ☐ Hepatitis C PCR Test • ☐ STI • ☐ Don't wish to say • ☐ Did not ask **If hepatitis B is NOT selected at Question 4 the following question should be asked** Have you been vaccinated for hepatitis B? • ☐ Yes • ☐ No • ☐ Not sure • ☐ Don't wish to say • ☐ Did not ask	3 Don't wish to say 4 Did not ask Valid Values 1 Results positive 2 Results negative 3 Don't know 4 Don't wish to say 5 Did not ask Questions 4, 5, 6, 7 can be multiple selections. Use ~ to delimit e.g. 1~3~5 If multiple positive results in question 4, then same number of answers must be in questions 5 and 6. If a value of 1 (Results Positive) is returned from Question 3, then the following values are valid: 1 HIV 2 Hepatitis A 3 Hepatitis B 4 Hepatitis C PCR Test 5 STI 6 Don't wish to say 7 Did not ask If a value of 2 (Hepatitis B) is returned from Question 4, then the following values are valid: 1 Yes 2 No 3 Don't know 4 Don't wish to say 5 Did not ask		

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		5. If you tested positive, have you been offered regular check-ups and information about treatment options? ☐ Yes ☐ No ☐ Not sure/don't remember	Valid values 1 Yes 2 No 3 Not sure/don't remember		
		6. Are you currently undertaking treatment? ☐ Yes ☐ No ☐ Don't wish to say ☐ Did not ask	Valid values 1 Yes 2 No 3 Don't wish to say 4 Did not ask		
		7. Action/s taken as a result of the screener. (*More than one box can be selected*) • ☐ Action added to client care plan • ☐ Referral made to external service • ☐ Referral made to internal service • ☐ Consultation recorded in client progress notes • ☐ No action taken • ☐ Education information provided	Valid values 1 Action added to client care plan 2 Referral made to external service 3 Referral made to internal service 4 Consultation recorded in client progress notes 5 No action taken 6 Education information provided Guide for use • Data collected must be 8 fields, if no answer then null (e.g. 1;;;;;;;8~a~b~c)If no BBV data then enter as "" • Questions 4, 5, 6, 7 can be multiple selections. Use ~ to delimit e.g. 1~3~5		
49.	DFV screener	1. In the last 12 months, has someone in your family or someone you were in a relationship with pushed, hit, kicked, punched, grabbed you around the neck or otherwise hurt you? • ☐ Yes • ☐ No • ☐ Don't wish to say • ☐ Did not ask	Format "1;2;3;4;5;6;6b;7" This is an optional field. Valid values 1 Yes 2 No 3 Don't wish to say 4 Did not ask	String	exported as a combination of numbers and delimiters

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		2. Are you afraid now or have you been afraid of anyone you've been in a relationship with or in your household/family? • ☐ Yes • ☐ No • ☐ Don't wish to say • ☐ Did not ask			
		3. When you were hurt, did you get hit on the head, grabbed around the neck or lose consciousness? • ☐ Yes • ☐ No • ☐ Not sure/don't remember	Valid values 1 Yes 2 No 3 Not sure/don't remember		
		4. Who hurt you and/or who are you afraid of? *(More than one box can be selected)* ☐ Partner ☐ Ex-partner ☐ Sibling ☐ Parent ☐ Child ☐ Other family member ☐ Other person ☐ Don't wish to say/no response	Valid values 1 Partner 2 Ex-partner 3 Sibling 4 Parent 5 Child 6 Other family member 7 Other person 8 Don't wish to say/no response		
		5. Is there anyone else in the family/household who is experiencing or witnessing these things? • *(More than one box can be selected)* ☐ Child/ren ☐ Sibling ☐ Parent ☐ Partner ☐ Ex-partner ☐ Other family member ☐ Other person ☐ Don't wish to say/no response ☐ No one else	Valid values 1 Child/ren 2 Sibling 3 Parent 4 Partner 5 Ex-partner 6 Other family member 7 Other person 8 Don't wish to say/no response 9 No one else		

Fld N°	Link to file layout	Description	Valid Values	Data type	Field size
		6. Are you worried about how the experiences we've been talking about may be affecting your children or anyone else in the family/household? *(More than one can be selected)* ☐ Child/ren ☐ Sibling ☐ Parent ☐ Partner ☐ Ex-partner ☐ Other family member ☐ Other person ☐ Don't wish to say/no response ☐ No one else 7. Action/s taken as a result of the screener. *More than one box can be selected* • ☐ Action added to client care plan • ☐ Referral made to external service • ☐ Referral made to internal service • ☐ Consultation recorded in client progress notes • ☐ DVSAT completed • ☐ Mandatory Child Protection Report made • ☐ Noted for follow up in Client Care Plan • ☐ Referred to DV Hotline • ☐ No action taken	<u>Valid values</u> 1 Action added to client care plan 2 Referral made to external service 3 Referral made to internal service 4 Consultation recorded in client progress notes 5 DVSAT Completed 6 Mandatory Child Protection Report made 7 Noted for follow up in Client Care Plan 8 Referred to DV Hotline 9 No action taken <u>Guide for Use</u> • Questions 4, 5, 6, 7 can be multiple selections. Use ~ to delimit e.g. 1~3~5 • Data collected must be 8 fields, if no answer then null (e.g. 1;;;;;;;7~a~b~c) • If no DFV data then enter as ""		

OTHERDRG.TXT FILE

File layout for OTHERDRG.TXT file

File Layout for OTHERDRG.TXT					
Field Nº	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
1.	AgencyCode	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	Service_EpisodeID	Episode ID (Foreign key to EPISODE.TXT)	Number	Determined at service-level	Yes
3.	MDS_ODoC	Other Drug of Concern/Gambling	Number	4	Yes
4.	{OthrSpecify is a blank field}	Other Drug of Concern specify		Send a blank field	Optional
5.	Blank	{This is a blank field}		Send a blank field	Optional

Data Dictionary entries for OTHERDRG.TXT

Data Dictionary entries for OTHERDRG.TXT					
Fld Nº	Link to file layout	Description	Valid Values	Data type	What to send
1.	AgencyCode	Establishment Identifier (Agency Code) - The six digit agency code created by the InforMH system of NSW Ministry of Health and provided to the Service. Things to Check - Agency Code is a synonym for 'Establishment Identifier', and either term may be used as a field label on paper or electronic forms.	Valid Values The shortest Agency Code possible would be 6 characters long. For example, 12A002 The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001	String	6 to 15
2.	Service_EpisodeID	Episode ID (Primary Key) - The Service's internal Episode ID the number that identifies a service episode. Things to Check Episode IDs must not be re-issued.	Valid Values A number that identifies a service episode. Guide for Use - The Episode ID distinguishes different episodes for the same client.	Number	Determined at service-level

3.	MDS_ODoC	Other Drug of Concern/Gambling Any drugs apart from the *Principal Drug of Concern/Gambling* that the client perceives as being a concern. More than one drug may be selected. To be collected **on Commencement of Service Episode**, but may be **updated** or **added to** if additional drugs of concern are reported at a later date. The Australian Standard Classification of Drugs of Concern (ASCDC) produced by the ABS (Cat. No. 1248.0) is the four digit coding standard to be used for this data element. A short list of the most common drugs of concern and their accompanying four digit code is listed at right. If the client indicates a more specific drug of concern (e.g., pethidine, LSD), the clinician must indicate this using the four digit ASCDC codes Please see the list of codes: Australian Standard Classification of Drugs of Concern (ASCDC), 2016 | Australian Bureau of Statistics (abs.gov.au) Things to Check The data element is used in conjunction with *Principal Drug of Concern/Gambling*. Please note that this data element can be updated over the course of the **Service Episode**, if the client indicates any additional drugs of concern. Polydrug use should no longer be used. For secondary clients who are presenting with	Guide for Use This is a multiple response item to allow for the coding of varied drug use. Code 0000: Inadequately Described only to be used when Source of referral is one of: code 15 Police Diversion, code 16 Court diversion, code 98 Other, code 99 Not stated/ inadequately described. Code 0001: Not stated only to be used for secondary clients who are presenting only with issues about someone else's drug use. Code 0003: No other drug of concern Code 0005: Opioid analgesics, not further defined to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known. Code 0006: Psychostimulants, not further defined to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type. Code 0009: Gambling should only be selected if the client indicates that this is the issue that led them to seek the service. Activities performed must include a clinical assessment. Although excluded from the scope of the NSW MDS DATS, agencies can include activities performed for clients presenting for gambling issues in data submitted to the NSW Ministry of Health. Analysis of the NSW MDS DATS will not include this data. Code 1305: Methadone should only be selected if the client indicates that this is a secondary issue that led them to seek the service. 'Methadone' may also be selected where the specific aim of treatment for the client is the reduction of their (prescribed) Methadone (e.g., MTAR Program). Code 2400: Benzodiazepines a broad category for benzodiazepines if the specific code (e.g., diazepam code '2403', rohypnol code '2404') is not known. Code 3100: Amphetamines a broad category for amphetamines if the specific code (e.g., benzedrine code '3101', dexamphetamine code '3102', methamphetamine code '3103') is not known.	Number	4

Fld N°	Link to file layout	Description	Valid Values	Data type	What to send
		issues about someone else's drug use (*Client Type* = code '2' 'Other's drug use'), *Other Drugs of Concern/Gambling* should default to code '0001' 'Not stated' or be left blank.			
4.	{OthrSpecify is a blank field}	{Other Drug of Concern specify is a blank field}	Send a blank field in place of this field.		Send a blank field
5.	Blank	{This is a blank field}	Send a blank field.		Send a blank field

PREVTRMT.TXT FILE

File layout for PREVTRMT.TXT file

Field N°	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
1.	AgencyCode	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	Service_EpisodeID	Episode ID (Foreign key to EPISODE.TXT)	Number	Determined at service-level	Yes
3.	MDS_PreviousServices	Previous Services Received	Number	2	Yes

File Layout for PREVTRMT.TXT

Data Dictionary entries for PREVTRMT.TXT file

Fld N°	Link to file layout	Description	Valid Values	Data type	What to send
1.	AgencyCode	Establishment Identifier (Agency Code) - The six digit agency code created by the InforMH system of NSW Ministry of Health and provided to the Service. Things to Check - Agency Code is a synonym for 'Establishment Identifier', and either term may be used as a field label on paper or electronic forms.	Valid Values The shortest Agency Code possible would be 6 characters long. For example, 12A002 The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001	String	6 to 15
2.	Service_EpisodeID	Episode ID (Primary Key) - The Service's internal Episode ID the number that identifies a service episode. Things to Check Episode iDs must not be re-issued.	Valid Values A number that identifies a service episode. Guide for Use - The Episode ID distinguishes different episodes for the same client.	Number	Determined at service-level

Data Dictionary entries for PREVTRMT.TXT					
Fld N°	**Link to file layout**	**Description**	**Valid Values**	**Data type**	**What to send**
3.	MDS_PreviousServices	Previous Services Received Indicator of whether the client has received any drug and alcohol services prior to the current **Service Episode**. Things to Check Includes any previous **Service Episode** within any drug and alcohol agency, including the agency providing the current **Service Episode**. For secondary clients who are presenting with issues about someone else's drug use (Client Type = '2' – 'Other's drug use'), the value reported should be '00' – 'Not collected' or be left blank.	Valid Values 00 Not collected 80 Previous service received 99 No previous service received Guide for Use Should be based upon the client's own response, as well as agency records and referral information where applicable: Code 00: Not collected – only to be used for secondary clients who are presenting only with issues about someone else's drug use. Code 80: Previous Drug and Alcohol treatment has been received from a public or NGO Drug and Alcohol Service. Code 99: No previous service received – only to be used if the client has not previously received any drug and alcohol services.	Number	2

OTHERSRV.TXT FILE

File layout for OTHERSRV.TXT file

Field Nº	Link to data dictionary entry	Description	Data type	Field size	Mandatory field
		File Layout for OTHERSRV.TXT			
1.	AgencyCode	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	Service_EpisodeID	Episode ID (Foreign key to EPISODE.TXT)	Number	Determined at service-level	Yes
3.	MDS_OtherService	Other Services Provided	Number	2	Yes

Data Dictionary entries for OTHERSRV.TXT

Fld Nº	Link to file layout	Description	Valid Values	Data type	Field size
		Data Dictionary entries for OTHERSRV.TXT			
1.	AgencyCode	Establishment Identifier (Agency Code) - The six digit agency code created by the InforMH system of NSW Ministry of Health and provided to the Service. Things to Check - Agency Code is a synonym for 'Establishment Identifier', and either term may be used as a field label on paper or electronic forms.	Valid Values The shortest Agency Code possible would be 6 characters long. For example, 12A002 The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001	String	6 to 15
2.	Service_EpisodeID	Episode ID (Primary Key) - The Service's internal Episode ID the number that identifies a service episode. Things to Check Episode iDs must not be re-issued.	Valid Values A number that identifies a service episode. Guide for Use - The Episode ID distinguishes different episodes for the same client.	Number	Determined at service-level

3.	MDS_Other service	Other Services Provided	Valid Values	Number	2

| 3. | MDS_Other service | **Other Services Provided**
All other forms of service provided to the client during the specified **Service Episode** in addition to the *Main Service Provided*, excluding any services provided as part of a concurrent **Service Episode**.

Any service provided to a client, in addition to the *Main Service Provided*, that does not require regular contact with agency staff throughout the **Service Episode**.

To be completed at the cessation of a **Service Episode**.

Things to Check
Only report services recorded in the client's file for a **Service Episode** that is in addition to, and not a component of, the *Main Service Provided*.

Service activity reported here is not necessarily for the *Principal Drug of Concern/Gambling* in that it may be service activity for *Other Drugs of Concern/Gambling*. More than one type of *Other Services Provided* may occur in a Service Episode. | Valid Values
10 Counselling
20 Withdrawal management (detoxification)
30 Rehabilitation activities
40 Maintenance pharmacotherapy (Opioid)
48 Maintenance pharmacotherapy (Non-opioid)
50 Consultation activities
98 Other
99 No other service provided

Guide for Use
Code 10: Counselling – includes any method of individual or group counselling directed towards any therapeutic goals of Drug and Alcohol treatment. This code excludes counselling activity that is part of a rehabilitation program.
Code 20: Withdrawal Management (detoxification) – any form of withdrawal management, including medicated and non-medicated, in any delivery setting.
Code 30: Rehabilitation activities – an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e., up to 24 hours a day) and tends towards a medium to longer-term duration.
Code 40: Maintenance pharmacotherapy (Opioid) – includes Methadone, Buprenorphine, Buprenorphine/Naloxone and Slow release oral Morphine. Use Code 20 where a pharmacotherapy is used solely for withdrawal.
Code 48: Maintenance pharmacotherapy (Non-opioid) – pharmacotherapy using drugs other than opioid substitutes. Includes Naltrexone, Acamprosate, and Disulfiram. Includes those used as maintenance therapies and those used as relapse prevention. Use Code 20 where a pharmacotherapy is used solely for withdrawal. | Number | 2 |

Data Dictionary entries for OTHERSRV.TXT					
Fld N°	**Link to file layout**	**Description**	**Valid Values**	**Data type**	**Field size**
			Code 50: Consultation activities – activities undertaken with a client under the care of a clinician or service other than the drug and alcohol clinician performing the consultation or the Drug and Alcohol Service. Activities performed must be specifically for Drug and Alcohol issues and include a clinical assessment, but not involve prescribing maintenance pharmacotherapy. Services that may be included in this category include dual diagnosis and pain management activities. Code 98: Other – Refers to other treatment types not further defined, such as nicotine replacement therapy or outdoor therapy.		
Fld N°	**Link to file layout**	**Description**	**Valid Values**	**Data type**	**Field size**

SRVCCNCT.TXT FILE

File layout for SRVCCNCT.TXT

Field Nº	Link to data dictionary entry	Description	Data type	What to send	Mandatory field
	File layout for SRVCCNCT.TXT				
1.	AgencyCode	Establishment Identifier (Agency Code)	String	6 to 15	Yes
2.	Service_Episode_ID	Episode ID (Foreign key to EPISODE.TXT)	Number	Determined at service-level	Yes
3.	MDS_ServiceContact_ID	Service Contact Primary Key	Number	Determined at service-level	Yes
4.	MDS_ServiceContact_Dates	Service Contact Primary Dates	Date (DDMMYYYY format)	8	Yes
5.	MDS_ServiceContact_Postcode	Postcode of Service Contact	Number	4	Yes

Data Dictionary entries for SRVCCNCT.TXT

Fld Nº	Link to file layout	Description	Valid Values	Data type	What to send
	Data Dictionary entries for SRVCCNCT.TXT				
1.	AgencyCode	Establishment Identifier (Agency Code) - The six digit agency code created by the InforMH system of NSW Ministry of Health and provided to the Service. Things to Check - Agency Code is a synonym for 'Establishment Identifier', and either term may be used as a field label on paper or electronic forms.	Valid Values The shortest Agency Code possible would be 6 characters long. For example, 12A002 The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001	String	6 to 15
2.	Service_EpisodeID	Episode ID (Primary Key) - The Service's internal Episode ID the number that identifies a service episode. Things to Check Episode iDs must not be re-issued.	Valid Values A number that identifies a service episode. Guide for Use - The Episode ID distinguishes different episodes for the same client.	Number	Determined at service-level
3.	MDS_ServiceContactID	Service Contact Primary Key A unique identifier for the service contact the client makes within an episode.	Valid Values Unlimited integer; unique identifier for the service contact. Initial assessment is the commencement date of the episode.	Number	Determined at service-level

Data Dictionary entries for SRVCCNCT.TXT					
Fld N°	**Link to file layout**	**Description**	**Valid Values**	**Data type**	**What to send**
4.	MDS_ServiceContactDates	Service Contact Primary Dates The date of the service contact the client makes within an episode, not including the commencement date.	Valid Values Must be a valid date without delimiters (e.g., without '/' or '-' or '.'). Day and month should be zero-filled (e.g., February is '02' not '2') and the year should be 4 digits.	Date (DDMMYYYY format)	8
5.	MDS_ServiceContactPostcode	Postcode of Service Contact The postcode of the point of service delivery for a service contact (i.e., the location of the clinician,). Things to Check The value collected in this field should NOT be defaulted from the *Postcode of Residence at Commencement of Service Episode* field when a **Service Contact** occurs within the client's home.	Valid Values The *Postcode of Service Contact* should use actual geographic postcodes provided by Australia Post. Guide for Use Postcodes for post office boxes or other administrative centres should NOT be used. If a **Service Contact** is provided in the client's home, record the postcode of the client's home at the time of the contact. If a **Service Contact** is provided by telephone, record the postcode of the **clinician's** location at the time of the contact and if the clinician is working from home, it will be the postcode of the service.	Number	4

SURVEY.TXT FILE

File layout for SURVEY.TXT file

Field N°	Click on the links to see more info below	Description	Data type	Field size	Mandatory field
		SURVEY.TXT			
1.	AgencyCode	Establishment Identifier (Agency Code)	String	min 6, max 15	Yes
2.	Service_EpisodeID	Episode ID (Primary Key)	Number	Determined at service-level	Yes
3.	MDS_ClientCode	Person Identifier (Client Code)	String	min 4, max 12	Yes
4.	COMS_SurveyStage	Stage is the stage of treatment at which the survey was administered to the client	Number	min 1, max 2	Yes
5.	COMS_AdminDate	Date of SurveyDate the survey interview questions are administered	Date (DDMMYYYY format)	8	Yes
6.	SDS 1.0	SDS Drug causing greatest concern	Number	4	Yes
7.	SDS 1.1	SDS Drug use out of control	Number	1	Yes
8.	SDS 1.2	SDS Drug use missing anxious/worried	Number	1	Yes
9.	SDS 1.3	SDS Drug use worry about use	Number	1	Yes
10.	SDS 1.4	SDS Drug use wish stop	Number	1	Yes
11.	SDS 1.5	SDS Drug use difficult to stop	Number	1	Yes
12.	2nd SDS 1.1	SDS Drug use out of control against the Intake drug	Number	1	Yes
13.	2nd SDS 1.2	SDS Drug use missing anxious/worried against the intake drug)	Number	1	Yes
14.	2nd SDS 1.3	SDS Drug use worry about use	Number	1	Yes
15.	2nd SDS 1.4	SDS Drug use wish stop	Number	1	Yes
16.	2nd SDS 1.5	SDS Drug use difficult to stop	Number	1	Yes
17.	DU 1.1.1	DU Heroin use, number of days	Number	min 1, max 2	Yes
18.	DU 1.1.2	DU Other opioid use, number of days	Number	min 1, max 2	Yes
19.	DU 1.1.3	DU Cannabis use, number of days	Number	min 1, max 2	Yes
20.	DU 1.1.4	DU Cocaine use, number of days	Number	min 1, max 2	Yes
21.	DU 1.1.5	DU Amphetamine use, number of days	Number	min 1, max 2	Yes
22.	DU 1.1.6	DU Tranquilliser use, number of days	Number	min 1, max 2	Yes
23.	DU 1.1.7	DU Another drug use, number of days	Number	min 1, max 2	Yes
24.	DU 1.2	DU Alcohol use, number of days	Number	min 1, max 2	Yes
25.	DU 1.3	DU Average number of standard drinks	Number	min 1, max 3	Yes
26.	DU 1.4	DU Drinking more heavily, number of drinks	Number	min 1, max 3	Yes
27.	DU 1.5	DU Drinking more heavily, number of days	Number	min 1, max 2	Yes
28.	DU 1.6	DU Tobacco use, number of days	Number	min 1, max 2	Yes
29.	DU 1.7	DU Tobacco use, number of cigarettes	Number	min 1, max 3	Yes
30.	K10+ 2.1	K10+Tired for no good reason	Number	1	Yes
31.	K10+ 2.2	K10+Feel nervous	Number	1	Yes
32.	K10+ 2.3	K10+So nervous can't calm down	Number	1	Yes
33.	K10+ 2.4	K10+Feel hopeless	Number	1	Yes

SURVEY.TXT					
Field Nº	Click on the links to see more info below	Description	Data type	Field size	Mandatory field
34.	K10+ 2.5	K10+Feel restless or fidgety	Number	1	Yes
35.	K10+ 2.6	K10+So restless could not sit still	Number	1	Yes
36.	K10+ 2.7	K10+Feel depressed	Number	1	Yes
37.	K10+ 2.8	K10+Feel that everything an effort	Number	1	Yes
38.	K10+ 2.9	K10+Nothing could cheer you up	Number	1	Yes
39.	K10+ 2.10	K10+Feel worthless	Number	1	Yes
40.	K10+ 2.11	K10+Totally unable work/study number of days	Number	min 1, max 2	Yes
41.	K10+ 2.12	K10+Cut down work/study number of days	Number	min 1, max 2	Yes
42.	K10+ 2.13	K10+Visit to professional about feelings number of consultations	Number	min 1, max 2	Yes
43.	K10+ 2.14	K10+How often physical health the cause number of occasions	Number	1	Yes
44.	WHO 8-QoL 3.1	WHO 8-QoL Rate quality of life	Number	1	Yes
45.	WHO 8-QoL 3.2	WHO 8-QoL Rate health	Number	1	Yes
46.	WHO 8-QoL 3.3	WHO 8-QoL Rate energy for everyday life	Number	1	Yes
47.	WHO 8-QoL 3.4	WHO 8-QoL Money to meet needs	Number	1	Yes
48.	WHO 8-QoL 3.5	WHO 8-QoL Ability to perform daily activities	Number	1	Yes
49.	WHO 8-QoL 3.6	WHO 8-QoL Satisfied with self	Number	1	Yes
50.	WHO 8-QoL 3.7	WHO 8-QoL Satisfied with personal relationships	Number	1	Yes
51.	WHO 8-QoL 3.8	WHO 8-QoL Satisfied with conditions of your living place	Number	1	Yes
52.	WHO 8-QoL 3.9	WHO 8-QoL Principal source of income (MDS)	Number	2	Yes
53.	WHO 8-QoL 3.10	WHO 8-QoL Living arrangements (MDS)	Number	2	Yes
54.	WHO 8-QoL 3.11	WHO 8-QoL Usual accommodation (MDS)	Number	2	Yes
55.	WHO 8-QoL 3.12	WHO 8-QoL Number of occasions arrested (BTOM)	Number	min 1, max 2	Yes
56.	WHO 8-QoL 3.13	WHO 8-QoL Number of arrests for recent offences (BTOM)	Number	min 1, max 2	Yes
57.	BBV 4.1	BBV Injecting drug use (BTOM)	Number	1	Optional
58.	BBV 4.2	BBV Sharing of needle and syringe (BTOM)	Number	1	Optional
59.	BBV 4.3	BBV Sharing other injecting equipment (BTOM)	Number	1	Optional
60.	BBV 4.4	BBV Drug overdoses (BTOM)	Number	min 1, max 3	Optional
61.	ND 5.1	ND Do you smoke tobacco?	Number	1	Yes
62.	ND 5.2	ND How soon after waking do you smoke your first cigarette?	Number	1	Yes
63.	ND 5.3	ND How many cigarettes smoked on a typical day?	Number	1	Yes
64.	ND 5.4	ND If previously attempted to quit, withdrawals or cravings experienced?	Number	1	Yes
65.	ATOP 1A.1	ATOP Alcohol Typical Qty	String	50	Yes
66.	ATOP 1A.2 (wk4)	ATOP Alcohol Wk4	Number	1	Yes

	SURVEY.TXT				
Field Nº	**Click on the links to see more info below**	**Description**	**Data type**	**Field size**	**Mandatory field**
67.	ATOP 1A.2 (wk3)	ATOP Alcohol Wk3	Number	1	Yes
68.	ATOP 1A.2 (wk2)	ATOP Alcohol Wk2	Number	1	Yes
69.	ATOP 1A.2 (wk1)	ATOP Alcohol Wk1	Number	1	Yes
70.	ATOP 1A.3	ATOP Alcohol Total	Number	min 1, max 2	Yes
71.	ATOP 1A.4	ATOP Alcohol No Answer	Number	1, which may have a minus sign	Yes
72.	ATOP 1B.1	ATOP Cannabis Typical Qty		50 characters	Yes
73.	ATOP 1B.2 (wk4)	ATOP Cannabis Wk4	Number	1	Yes
74.	ATOP 1B.2 (wk3)	ATOP Cannabis Wk3	Number	1	Yes
75.	ATOP 1B.2 (wk2)	ATOP Cannabis Wk2	Number	1	Yes
76.	ATOP 1B.2 (wk1)	ATOP Cannabis Wk1	Number	1	Yes
77.	ATOP 1B.3	ATOP Cannabis Total	Number	min 1, max 2	Yes
78.	ATOP 1B.4	ATOP Cannabis No Answer	Number	1 digit, which may have a minus sign	Yes
79.	ATOP 1C.1	ATOP Amphetamine Typical Qty	String	50	Yes
80.	ATOP 1C.2 (wk4)	ATOP Amphetamine Wk4	Number	1	Yes
81.	ATOP 1C.2 (wk3)	ATOP Amphetamine Wk3	Number	1	Yes
82.	ATOP 1C.2 (wk2)	ATOP Amphetamine Wk2	Number	1	Yes
83.	ATOP 1C.2 (wk1)	ATOP Amphetamine Wk1	Number	1	Yes
84.	ATOP 1C.3	ATOP Amphetamine Total	Number	min 1, max 2	Yes
85.	ATOP 1C.4	ATOP Amphetamine No Answer	Number	1 digit, which may have a minus sign	Yes
86.	ATOP 1D.1	ATOP Benzodiazepines Typical Qty	String	50	Yes
87.	ATOP 1D.2 (wk4)	ATOP Benzodiazepines Wk4	Number	1	Yes
88.	ATOP 1D.2 (wk3)	ATOP Benzodiazepines Wk3	Number	1	Yes
89.	ATOP 1D.2 (wk2)	ATOP Benzodiazepines Wk2	Number	1	Yes
90.	ATOP 1D.2 (wk1)	ATOP Benzodiazepines Wk1	Number	1	Yes
91.	ATOP 1D.3	ATOP Benzodiazepines Total	Number	min 1, max 2	Yes
92.	ATOP 1D.4	ATOP Benzodiazepines No Answer	Number	1 digit which may have a minus sign	Yes
93.	ATOP 1E.1	ATOP Heroin Typical Qty	String	50	Yes
94.	ATOP 1E.2 (wk4)	ATOP Heroin Wk4	Number	1	Yes
95.	ATOP 1E.2 (wk3)	ATOP Heroin Wk3	Number	1	Yes
96.	ATOP 1E.2 (wk2)	ATOP Heroin Wk2	Number	1	Yes
97.	ATOP 1E.2 (wk1)	ATOP Heroin Wk1	Number	1	Yes
98.	ATOP 1E.3	ATOP Heroin Total	Number	min 1, max 2	Yes
99.	ATOP 1E.4	ATOP Heroin No Answer	Number	1 digit, which may have a minus sign	Yes

		SURVEY.TXT			
Field Nº	Click on the links to see more info below	Description	Data type	Field size	Mandatory field
100.	ATOP 1F.1	ATOP Other Opiods Typical Qty	String	50	Yes
101.	ATOP 1F.2 (wk4)	ATOP Other Opiods Wk4	Number	1	Yes
102.	ATOP 1F.2 (wk3)	ATOP Other Opiods Wk3	Number	1	Yes
103.	ATOP 1F.2 (wk2)	ATOP Other Opiods Wk2	Number	1	Yes
104.	ATOP 1F.2 (wk1)	ATOP Other Opiods Wk1	Number	1	Yes
105.	ATOP 1F.3	ATOP Other Opiods Total	Number	min 1, max 2	Yes
106.	ATOP 1F.4	ATOP Other Opiods No Answer	Number	1 digit, which may have a minus sign	Yes
107.	ATOP 1G.1	ATOP Cocaine Typical Qty	String	50	Yes
108.	ATOP 1G.2 (wk4)	ATOP Cocaine Wk4	Number	1	Yes
109.	ATOP 1G.2 (wk3)	ATOP Cocaine Wk3	Number	1	Yes
110.	ATOP 1G.2 (wk2)	ATOP Cocaine Wk2	Number	1	Yes
111.	ATOP 1G.2 (wk1)	ATOP Cocaine Wk1	Number	1	Yes
112.	ATOP 1G.3	ATOP Cocaine Total	Number	min 1, max 2	Yes
113.	ATOP 1G.4	ATOP Cocaine No Answer	Number	1 digit, which may have a minus sign	Yes
114.	ATOP 1H.i	ATOP Other Substance 1	String	50	Yes
115.	ATOP 1H.i.1	ATOP Other Substance 1 Typical Qty	String	50	Yes
116.	ATOP 1H.i.2 (wk4)	ATOP Other Substance 1 Wk4	Number	1	Yes
117.	ATOP 1H.i.2 (wk3)	ATOP Other Substance 1 Wk3	Number	1	Yes
118.	ATOP 1H.i.2 (wk2)	ATOP Other Substance 1 Wk2	Number	1	Yes
119.	ATOP 1H.i.2 (wk1)	ATOP Other Substance 1 Wk1	Number	1	Yes
120.	ATOP 1H.i.3	ATOP Other Substance 1 Total	Number	min 1, max 2	Yes
121.	ATOP 1H.i.4	ATOP Other Substance 1 No Answer	Number	1 digit, which may have a minus sign	Yes
122.	ATOP 1H.ii	ATOP Other Substance 2	String	50	Yes
123.	ATOP 1H.ii.1	ATOP Other Substance 2 Typical Qty	String	50	Yes
124.	ATOP 1H.ii.2 (wk4)	ATOP Other Substance 2 Wk4	Number	1	Yes
125.	ATOP 1H.ii.2 (wk3)	ATOP Other Substance 2 Wk3	Number	1	Yes
126.	ATOP 1H.ii.2 (wk2)	ATOP Other Substance 2 Wk2	Number	1	Yes
127.	ATOP 1H.ii.2 (wk1)	ATOP Other Substance 2 Wk1	Number	1	Yes
128.	ATOP 1H.ii.3	ATOP Other Substance 2 Total	Number	min 1, max 2	Yes
129.	ATOP 1H.ii.4	ATOP Other Substance 2 No Answer	Number	1 digit, which may have a minus sign	Yes
130.	ATOP 1J.1	ATOP Daily Tobacco Use	Number	1 digit, which may have a minus sign	Yes
131.	ATOP 1J.2	ATOP Daily Tobacco Use Typical Qty	String	50	Yes
132.	ATOP 1K.1 (wk4)	ATOP Injected Wk4	Number	1	Yes
133.	ATOP 1K.1 (wk3)	ATOP Injected Wk3	Number	1	Yes
134.	ATOP 1K.1 (wk2)	ATOP Injected Wk2	Number	1	Yes

SURVEY.TXT					
Field Nº	Click on the links to see more info below	Description	Data type	Field size	Mandatory field
135.	ATOP 1K.1 (wk1)	ATOP Injected Wk1	Number	1	Yes
136.	ATOP 1K.2	ATOP Injected Total	Number	min 1, max 2	Yes
137.	ATOP 1K.3	ATOP Injected No Answer	Number	1 digit, which may have a minus sign	Yes
138.	ATOP 1K.4	ATOP Injected Used Equipment	Number	1 digit, which may have a minus sign	Yes
139.	ATOP 2A.1 (wk4)	ATOP Days Paid Work Wk4	Number	1	Yes
140.	ATOP 2A.1 (wk3)	ATOP Days Paid Work Wk3	Number	1	Yes
141.	ATOP 2A.1 (wk2)	ATOP Days Paid Work Wk2	Number	1	Yes
142.	ATOP 2A.1 (wk1)	ATOP Days Paid Work Wk1	Number	1	Yes
143.	ATOP 2A.2	ATOP Days Paid Work Total	Number	min 1, max 2	Yes
144.	ATOP 2A.3	ATOP Days Paid Work No Answer	Number	1 digit, which may have a minus sign	Yes
145.	ATOP 2B.1 (wk4)	ATOP Days Education Wk4	Number	1	Yes
146.	ATOP 2B.1 (wk3)	ATOP Days Education Wk3	Number	1	Yes
147.	ATOP 2B.1 (wk2)	ATOP Days Education Wk2	Number	1	Yes
148.	ATOP 2B.1 (wk1)	ATOP Days Education Wk1	Number	1	Yes
149.	ATOP 2B.2	ATOP Days Education Total	Number	min 1, max 2	Yes
150.	ATOP 2B.3	ATOP Days Education No Answer	Number	1 digit, which may have a minus sign	Yes
151.	ATOP 2C	ATOP Homeless	Number	1 digit, which may have a minus sign	Yes
152.	ATOP 2D	ATOP Risk Eviction	Number	1 digit, which may have a minus sign	Yes
153.	ATOP 2Ei	ATOP Primary Caregiver Under 5	Number	1 digit, which may have a minus sign	Yes
154.	ATOP 2Eii	ATOP Primary Caregiver 5 to15	Number	1 digit, which may have a minus sign	Yes
155.	ATOP 2F	ATOP Arrested	Number	1 digit, which may have a minus sign	Yes
156.	ATOP 2G	ATOP Violent To You	Number	1 digit, which may have a minus sign	Yes
157.	ATOP 2H	ATOP Violent To Others	Number	1 digit, which may have a minus sign	Yes
158.	ATOP 2I	ATOP Psychological Health Status	Number	min 1, max 2	Yes
159.	ATOP 2J	ATOP Physical Health Status	Number	min 1, max 2	Yes
160.	ATOP 2K	ATOP Quality Of Life	Number	min 1, max 2	Yes

Data Dictionary Entries for SURVEY.TXT

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
			Data Dictionary entries for SURVEY.TXT		
1.	AgencyCode	Establishment Identifier (Agency Code)	Valid Values The shortest Agency Code possible would be 6 characters long. For example, 12A002 The longest Agency Code possible would be 15 characters long. For example, 12AA05123B:1001	String	min 6, max 15
2.	Service_EpisodeID	EpisodeID is the unique identifier for a client's service episode	Any integer of six digits – note that this is the member service's Episode ID, as NADA creates an internal episode ID that guarantees uniqueness.	Number	Determined at service-level
3.	MDS_ClientCode	SurveyID is the unique identifier for a survey administered to a client	Integer	String	min 4, max 12
4.	COMS_SurveyStage	Stage is the stage of treatment at which the survey was administered to the client	0 (Intake) 1 (Progress 1) 7 (Exit) 2 (Progress 2) 8 (Follow up 1) 3 (Progress 3) 9 (Follow up 2) 4 (Progress 4) 10 (Follow up 3) 5 (Progress 5) 11 (Follow up 4) 6 (Progress 6) 12 (Follow up 5)	Number	min 1, max 2
5.	COMS_AdminDate	SurveyAdministrationDate is the date the survey interview questions are administered	A valid date Note: NADA creates a submission date that reflects that date the survey was submitted to NADA either via data entry or import.	Date (DDMMYYYY format)	8
	SDS				

		Data Dictionary entries for SURVEY.TXT			
Fld N°	**Link to file layout entry**	**Description**	**Valid values**	**Data type**	**Field size**
6.	SDS 1.0	Severity of Dependence Scale Principal Drug of Concern: Over the last three months, what drug was causing you greatest concern?	Australian Standard Classification of Drugs of Concern (ASCDC) code: Please view the latest ASCDC codes online: Australian Standard Classification of Drugs of Concern, 2011 | Australian Bureau of Statistics (abs.gov.au)	Number	4
7.	SDS 1.1	Severity of Dependence Scale Regarding Principal Drug of Concern: Q1. Did you ever think that your use of this drug was out of control?'	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
8.	SDS 1.2	Severity of Dependence Scale Regarding Principal Drug of Concern: Q2. Did the prospect of missing this drug make you very anxious or worried?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
9.	SDS 1.3	Severity of Dependence Scale Regarding Principal Drug of Concern: Q3. Did you worry about your use of this drug?	0 Not at all 1 A little 2 Quite a lot 3 A great deal	Number	1
10.	SDS 1.4	Severity of Dependence Scale Regarding Principal Drug of Concern: Q4. Do you wish you could stop?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
11.	SDS 1.5	Severity of Dependence Scale Regarding Principal Drug of Concern: Q5. How difficult would you/did you find it to stop or go without?	0 Not difficult 1 Quite difficult 2 Very difficult 3 Impossible	Number	1
12.	2nd SDS 1.1	Severity of Dependence Scale Regarding Drug of Concern at Intake: Q1. Did you ever think that your use of this drug was out of control?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
		Data Dictionary entries for SURVEY.TXT			
13.	2nd SDS 1.2	Severity of Dependence Scale Regarding Drug of Concern at Intake: Q2. Did the prospect of missing this drug make you very anxious or worried?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
14.	2nd SDS 1.3	Severity of Dependence Scale Regarding Drug of Concern at Intake: Q3. Did you worry about your use of this drug?	0 Not at all 1 A little 2 Quite a lot 3 A great deal	Number	1
15.	2nd SDS 1.4	Severity of Dependence Scale Regarding Drug of Concern at Intake: Q4. Do you wish you could stop?	0 Never or almost never 1 Sometimes 2 Often 3 Always or nearly always	Number	1
16.	2nd SDS 1.5	Severity of Dependence Scale Regarding Drug of Concern at Intake: Q5. How difficult would you/did you find it to stop or go without?	0 Not difficult 1 Quite difficult 2 Very difficult 3 Impossible	Number	1
	DU				
17.	DU 1.1.1	Drug and Alcohol Use Survey Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (heroin)	Number	min 1, max 2

Data Dictionary entries for SURVEY.TXT					
Fld N°	**Link to file layout entry**	**Description**	**Valid values**	**Data type**	**Field size**
18.	DU 1.1.2	Drug and Alcohol Use Survey Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (other opiod-based drug)	Number	min 1, max 2
19.	DU 1.1.3	Drug and Alcohol Use Survey Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (cannabis)	Number	min 1, max 2
20.	DU 1.1.4	Drug and Alcohol Use Survey Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (cocaine)	Number	min 1, max 2

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
		Data Dictionary entries for SURVEY.TXT			
21.	DU 1.1.5	Drug and Alcohol Use Survey Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (amphetamines)	Number	min 1, max 2
22.	DU 1.1.6	Drug and Alcohol Use Survey Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (tranquilisers (benzos))	Number	min 1, max 2
23.	DU 1.1.7	Drug and Alcohol Use Survey Q1. How many days in the last four weeks did you use: Heroin Other opioid-based drug Cannabis Cocaine Amphetamines Tranquillisers (benzos) Another drug	0 to 28 (days) (another drug)	Number	min 1, max 2
24.	DU 1.2	Drug and Alcohol Use Survey Q2. How many days in the last four weeks did you drink alcohol? (beer, wine, spirits)	0 to 28 (days)	Number	min 1, max 2

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
25.	DU 1.3	Drug and Alcohol Use Survey Q3. On average, how many standard drinks did you have on those days when you were drinking (refer to standard drinks chart)?	0 to 999 (number of standard drinks)	Number	min 1, max 3
26.	DU 1.4	Drug and Alcohol Use Survey Q4. On the days in the last four weeks when you were drinking much more heavily than usual, how many drinks did you have?	0 to 999 (number of standard drinks)	Number	min 1, max 3
27.	DU 1.5	Drug and Alcohol Use Survey Q5. How many days in the last four weeks did you drink at this level?	0 to 28 (days) Note: If their answer to Q2—see DU 1.2—was 0, this answer must also be 0.	Number	min 1, max 2
28.	DU 1.6	Drug and Alcohol Use Survey Q6. How many days in the last four weeks did you use tobacco (cigarettes, cigars, pipe tobacco)?	0 to 28 (days)	Number	min 1, max 2
29.	DU 1.7	Drug and Alcohol Use Survey Q7. How many cigarettes, cigars, pipes did you have on a typical day when you did use tobacco?	0 to 999 Note: If their answer to Q6—see DU 1.6—was 0, this answer must also be 0.	Number	min 1, max 3
	K10+				
30.	K10+ 2.1	Psychological Health Kessler 10 Plus Q1. In the last four weeks, about how often did you feel tired out for no good reason?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
31.	K10+ 2.2	Psychological Health Kessler 10 Plus Q2. In the last four weeks, about how often did you feel nervous?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
32.	K10+ 2.3	Psychological Health Kessler 10 Plus Q3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1

		Data Dictionary entries for SURVEY.TXT			
Fld N°	**Link to file layout entry**	**Description**	**Valid values**	**Data type**	**Field size**
33.	K10+ 2.4	Psychological Health Kessler 10 Plus Q4. In the last four weeks, about how often did you feel hopeless?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
34.	K10+ 2.5	Psychological Health Kessler 10 Plus Q5. In the last four weeks, about how often did you feel restless or fidgety?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
35.	K10+ 2.6	Psychological Health Kessler 10 Plus Q6. In the last four weeks, about how often did you feel so restless you could not sit still?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
36.	K10+ 2.7	Psychological Health Kessler 10 Plus Q7. In the last four weeks, about how often did you feel depressed?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
37.	K10+ 2.8	Psychological Health Kessler 10 Plus Q8. In the last four weeks, about how often did you feel that everything was an effort?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
38.	K10+ 2.9	Psychological Health Kessler 10 Plus Q9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
39.	K10+ 2.10	Psychological Health Kessler 10 Plus Q10. In the last four weeks, about how often did you feel worthless?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
		Data Dictionary entries for SURVEY.TXT			
40.	K10+ 2.11	Psychological Health Kessler 10 Plus Q11. In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	0 to 28 (Number of days)	Number	min 1, max 2
41.	K10+ 2.12	Psychological Health Kessler 10 Plus Q12. [Aside from those days], in the last four weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	0 to 28 (Number of days)	Number	min 1, max 2
42.	K10+ 2.13	Psychological Health Kessler 10 Plus Q13. In the last four weeks, how many times have you seen a doctor or any other health professional about these feelings?	0 to 28 (Number of consultations)	Number	min 1, max 2
43.	K10+ 2.14	Psychological Health Kessler 10 Plus Q14. In the last four weeks, how often have physical health problems been the main cause of these feelings?	1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time	Number	1
	WHO 8				
44.	WHO 8-QoL 3.1	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q1. How would you rate your quality of life?	1 Very poor 2 Poor 3 Neither good nor poor 4 Good 5 Very good	Number	1
45.	WHO 8-QoL 3.2	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q2. How satisfied are you with your health?	1 Very dissatisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1
46.	WHO 8-QoL 3.3	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q3. Do you have enough energy for everyday life?	1 Not at all 2 A little 3 Moderately 4 Mostly 5 Completely	Number	1

	Data Dictionary entries for SURVEY.TXT				
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
47.	WHO 8-QoL 3.4	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q4. Have you enough money to meet your needs?	1 Not at all 2 A little 3 Moderately 4 Mostly 5 Completely	Number	1
48.	WHO 8-QoL 3.5	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q5. How satisfied are you with your ability to perform your daily living activities?	1 Very satisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1
49.	WHO 8-QoL 3.6	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q6. How satisfied are you with yourself?	1 Very satisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1
50.	WHO 8-QoL 3.7	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q7. How satisfied are you with your personal relationships?	1 Very satisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1
51.	WHO 8-QoL 3.8	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q8. How satisfied are you with the conditions of your living place?	1 Very satisfied 2 Dissatisfied 3 Neither satisfied nor dissatisfied 4 Satisfied 5 Very satisfied	Number	1

	Data Dictionary entries for SURVEY.TXT				
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
52.	WHO 8-QoL 3.9	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q9. What is your main source of income?	01 Full-time employment 02 Part-time employment 03 Temporary benefit (e.g. unemployment) 04 Pension (e.g. aged, disability) 05 Student allowance 06 Dependent on others 07 Retirement fund 08 No income 98 Other 99 Not known/not stated/inadequately described	Number	2
53.	WHO 8-QoL 3.10	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q10. Living Arrangement Who do you live with?	01 Alone 02 Spouse/partner 03 Alone with child(ren) 04 Spouse/partner with child(ren) 05 Parent(s) 06 Other relative(s) 07 Friend(s) 08 Friend(s)/parent(s)/relative(s) and children 98 Other 99 Not known/not stated/inadequately described	Number	2

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
		Data Dictionary entries for SURVEY.TXT			
54.	WHO 8-QoL 3.11	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q11. Usual Accommodation	01 Rented house or flat (public or private) 02 Privately owned house or flat 03 Boarding house 04 Hostel/supported accommodation services 05 Psychiatric hospital 06 Alcohol/other drug treatment residence 07 Shelter/refuge 08 Prison/detention centre 09 Caravan on serviced site 10 No usual residence/homeless 98 Other 99 Not known/not stated/inadequately described	Number	2
55.	WHO 8-QoL 3.12	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q12. How many times in the last three months have you been arrested?	0 to 99 (times)	Number	min 1, max 2
56.	WHO 8-QoL 3.13	Health and Social Functioning WHO 8: EUROHIS Quality of life scale Q13. How many of these arrests were for offences allegedly committed in the last three months?	0 to 99 (arrests)	Number	min 1, max 2
	BBV				
57.	BBV 4.1	BBV Exposure Risk-Taking Scale Q1. When did you last inject/hit up any drug?	1 In the last 3 months 2 More than 3 but less than 12 months ago 3 12 months ago or more 4 (ever injected 5 Not stated/inadequately described	Number	1

	Data Dictionary entries for SURVEY.TXT				
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
58.	BBV 4.2	BBV Exposure Risk-Taking Scale Q2. How many times in the last 3 months did you use a needle or syringe after someone else had already used it (including your sex partner and even if it was cleaned)?	1 More than 10 times 2 6 to 10 times 3 3 to 5 times 4 Twice 5 Once 6 Never	Number	1
59.	BBV 4.3	BBV Exposure Risk-Taking Scale Q3. In the last 3 months did you share any spoons, filters, water, tourniquets, drug solution/mix, or swabs with anyone else?	1 Yes 0 No	Number	1
60.	BBV 4.4	BBV Exposure Risk-Taking Scale Q4. How many times have you overdosed from any drug in the last 3 months?	0 to 999 (number of times)	Number	min 1, max 3
	ND				
61.	ND 5.1	Assessing Nicotine Dependence Q1. Do you smoke tobacco?	1 Yes 0 No	Number	1
62.	ND 5.2	Assessing Nicotine Dependence Q2. How soon after waking do you smoke your first cigarette?	3 Within 5 minutes 2 Between 5 to 30 minutes 1 Between 31 to 60 minutes	Number	1
63.	ND 5.3	Assessing Nicotine Dependence Q3. How many cigarettes do you smoke on a typical day?	0 10 or less 1 11 to 20 2 21 to 30 3 31 or more	Number	1
64.	ND 5.4	Assessing Nicotine Dependence Q4. If you have previously attempted to quit, did you experience withdrawals or cravings?	1 Yes 0 No	Number	1
	ATOP				
65.	ATOP 1A.1	ATOP Alcohol Typical Qty The number of standard drinks of alcohol ingested on a typical drinking day refer to standard drinks guide.	0 to 999 along with a description, being 'standard drinks'	String	50

	Data Dictionary entries for SURVEY.TXT				
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
66.	ATOP 1A.2 (wk4)	ATOP Alcohol Wk4 The number of days alcohol consumed in the most recent past week—week 4—of the past 4 weeks.	0 to 7 (days of alcohol use in week 4)	Number	1
67.	ATOP 1A.2 (wk3)	ATOP Alcohol Wk3 The number of days alcohol consumed in the second most recent past—week 3—of the past 4 weeks.	0 to 7 (days of alcohol use in week 3)	Number	1
68.	ATOP 1A.2 (wk2)	ATOP Alcohol Wk2 The number of days alcohol consumed in the third most recent past week—week 2—of the past 4 weeks.	0 to 7 (days of alcohol use in week 2)	Number	1
69	ATOP 1A.2 (wk1)	ATOP Alcohol Wk1 The number of days alcohol consumed in the fourth most recent past week—week 1—of the past 4 weeks.	0 to 7 (days of alcohol use in week 1)	Number	1
70.	ATOP 1A.3	ATOP Alcohol Total The total number of days alcohol consumed in the past four weeks.	0 to 28 (total days alcohol consumed in the past four weeks)	Number	min 1, max 2
71.	ATOP 1A.4	ATOP Alcohol No Answer Alcohol question asked but not answered or not asked	0 asked -1 not asked	Number	1 , which may have a minus sign

	Data Dictionary entries for SURVEY.TXT				
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
72.	ATOP 1B.1	ATOP Cannabis Typical Qty The amount of cannabis consumed on a typical day of cannabis use in the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
73.	ATOP 1B.2 (wk4)	ATOP Cannabis Wk4 The number of days cannabis was consumed in the most recent past week—week 4—of the past 4 weeks.	0 to 7 (days of cannabis use in week 4)	Number	1
74.	ATOP 1B.2 (wk3)	ATOP Cannabis Wk3 The number of days cannabis was consumed in the second most recent past week—week 3—of the past 4 weeks.	0 to 7 (days of cannabis use in week 3)	Number	1
75.	ATOP 1B.2 (wk2)	ATOP Cannabis Wk2 The number of days cannabis was consumed in the third most recent past week—week 2—of the past 4 weeks.	0 to 7 (days of cannabis use in week 2)	Number	1
76.	ATOP 1B.2 (wk1)	ATOP Cannabis Wk1 The number of days cannabis consumed in the fourth most recent past week—week 1—of the past 4 weeks.	0 to 7 (days of cannabis use in week 1)	Number	1
77.	ATOP 1B.3	ATOP Cannabis Total The total number of days cannabis was consumed over the past four weeks.	0 to 28 (total days cannabis consumed in the past four weeks)	Number	min 1, max 2

Data Dictionary entries for SURVEY.TXT					
Fld N°	**Link to file layout entry**	**Description**	**Valid values**	**Data type**	**Field size**
78.	ATOP 1B.4	ATOP Cannabis No Answer Cannabis question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
79.	ATOP 1C.1	ATOP Amphetamine Typical Qty The average amount of amphetamine used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
80.	ATOP 1C.2 (wk4)	ATOP Amphetamine Wk4 The number of days amphetamine type substance consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of amphetamine use in week 4)	Number	1
81.	ATOP 1C.2 (wk3)	ATOP Amphetamine Wk3 The number of days amphetamine type substance consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of amphetamine use in week 3)	Number	1
82.	ATOP 1C.2 (wk2)	ATOP Amphetamine Wk2 The number of days amphetamine type substance consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of amphetamine use in week 2)	Number	1
83.	ATOP 1C.2 (wk1)	ATOP Amphetamine Wk1 The number of days amphetamine type substance consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of amphetamine use in week 1)	Number	1

	Data Dictionary entries for SURVEY.TXT				
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
84.	ATOP 1C.3	ATOP Amphetamine Total The total number of days amphetamine type substance consumed over the past four weeks.	0 to 28 (total days amphetamine type substance consumed in the past four weeks)	Number	min 1, max 2
85.	ATOP 1C.4	ATOP Amphetamine No Answer Amphetamine question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
86.	ATOP 1D.1	ATOP Benzodiazepines Typical Qty The average amount of benzodiazepine used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
87.	ATOP 1D.2 (wk4)	ATOP Benzodiazepines Wk4 The number of days benzodiazapine was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of benzodiazapine use in week 4)	Number	1
88.	ATOP 1D.2 (wk3)	ATOP Benzodiazepines Wk3 The number of days benzodiazapine was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of benzodiazapine use in week 3)	Number	1
89.	ATOP 1D.2 (wk2)	ATOP Benzodiazepines Wk2 The number of days benzodiazapine was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of benzodiazapine use in week 2)	Number	1

	Data Dictionary entries for SURVEY.TXT				
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
90.	ATOP 1D.2 (wk1)	ATOP Benzodiazepines Wk1 The number of days benzodiazapine was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of benzodiazapine use in week 1)	Number	1
91.	ATOP 1D.3	ATOP Benzodiazepines Total The total number of days benzodiazapine was consumed over the past four weeks.	0 to 28 (total days benzodiazepine consumed in the past four weeks)	Number	min 1, max 2
92.	ATOP 1D.4	ATOP Benzodiazepines No AnswerBenzodiazapine question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
93.	ATOP 1E.1	ATOP Heroin Typical Qty The average amount of heroin used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
94.	ATOP 1E.2 (wk4)	ATOP Heroin Wk4 The number of days heroin was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of heroin use in week 4)	Number	1
95.	ATOP 1E.2 (wk3)	ATOP Heroin Wk3 The number of days heroin was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of heroin use in week 3)	Number	1

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
		Data Dictionary entries for SURVEY.TXT			
96.	ATOP 1E.2 (wk2)	ATOP Heroin Wk2 The number of days heroin was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of heroin use in week 2)	Number	1
97.	ATOP 1E.2 (wk1)	ATOP Heroin Wk1 The number of days heroin was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of heroin use in week 1)	Number	1
98.	ATOP 1E.3	ATOP Heroin Total The total number of days heroin was consumed over the past four weeks.	0 to 28 (total days heroin consumed in the past four weeks)	Number	min 1, max 2
99.	ATOP 1E.4	ATOP Heroin No Answer 'Heroin' question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
100.	ATOP 1F.1	ATOP Other Opioids Typical Qty The average amount of Other Opiods used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
101.	ATOP 1F.2 (wk4)	ATOP OtherOpioids Wk4 The number of days Other Opiods were consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of Other Opiod use in week 4)	Number	1

Fld Nº	Link to file layout entry	Description	Valid values	Data type	Field size
102.	ATOP 1F.2 (wk3)	ATOP Other Opioids Wk3 The number of days Other Opiods were consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of Other Opiod use in week 3)	Number	1
103.	ATOP 1F.2 (wk2)	ATOP Other Opioids Wk2 The number of days Other Opiods were consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of Other Opiod use in week 2)	Number	1
104.	ATOP 1F.2 (wk1)	ATOP Other Opioids Wk1 The number of days Other Opioids were consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of Other Opiod use in week 1)	Number	1
105.	ATOP 1F.3	ATOP Other Opioids Total The total number of days other opioids were consumed over the past four weeks.	0 to 28 (total days Other Opioids consumed in the past four weeks)	Number	min 1, max 2
106.	ATOP 1F.4	ATOP Other Opioids No Answer 'Other Opioids' question asked but not answered or not asked	0 asked -1 not asked	Number	1 , which may have a minus sign
107.	ATOP 1G.1	ATOP Cocaine Typical Qty The average amount of cocaine used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
		Data Dictionary entries for SURVEY.TXT			
108.	ATOP 1G.2 (wk4)	ATOP Cocaine Wk4 The number of days cocaine was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of cocaine use in week 4)	Number	1
109.	ATOP 1G.2 (wk3)	ATOP Cocaine Wk3 The number of days cocaine was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of cocaine use in week 3)	Number	1
110.	ATOP 1G.2 (wk2)	ATOP Cocaine Wk2 The number of days cocaine was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of cocaine use in week 2)	Number	1
111.	ATOP 1G.2 (wk1)	ATOP Cocaine Wk1 The number of days cocaine was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of cocaine use in week 1)	Number	1
112.	ATOP 1G.3	ATOP Cocaine Total The total number of days cocaine was consumed over the past four weeks.	0 to 28 (total days cocaine consumed in the past four weeks)	Number	min 1, max 2
113.	ATOP 1G.4	ATOP Cocaine No Answer Cocaine question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
114.	1H.i	ATOP Other Substance 1 The name of any Other Substance 1 consumed in the past four weeks.	Description of Other Substance 1	String	50

Data Dictionary entries for SURVEY.TXT					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
115.	ATOP 1H.i.1	ATOP Other Substance 1 Typical Qty The average amount of Other Substance 1 used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
116.	ATOP 1H.i.2 (wk4)	ATOP Other Substance 1 Wk4 The number of days Other Substance 1 was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of Other Substance 1 use in week 4)	Number	1
117.	ATOP 1H.i.2 (wk3)	ATOP Other Substance 1 Wk3 The number of days Other Substance 1 was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of Other Substance 1 use in week 3)	Number	1
118.	ATOP 1H.i.2 (wk2)	ATOP Other Substance 1 Wk2 The number of days Other Substance 1 was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of Other Substance 1 use in week 2)	Number	1
119.	ATOP 1H.i.2 (wk1)	ATOP Other Substance 1 Wk1 The number of days Other Substance 1 was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of Other Substance 1 use in week 1)	Number	1
120.	ATOP 1H.i.3	ATOP Other Substance 1 Total The total number of days Other Substance 1 was consumed over the past four weeks.	0 to 28 (total days Other Substance 1 was consumed in the past four weeks)	Number	min 1, max 2

Data Dictionary entries for SURVEY.TXT					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
121.	ATOP 1H.i.4	ATOP Other Substance 1 No Answer Other Substance 1 question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
122.	ATOP 1H.ii	ATOP Other Substance 2 The name of any Other Substance 2 consumed in the past four weeks.	Description of Other Substance 2	String	50
123.	ATOP 1H.ii.1	ATOP Other Substance 2 Typical Qty The average amount of Other Substance 2 used on a typical day during the past four weeks. Agree on a meaningful unit of measure with the client. Common units of measure may include 'grams', number of times used per days, or the monetary value of drugs consumed. Please use the same unit of measure for subsequent survey time points.	0 to 999 (plus description of units)	String	50
124.	ATOP 1H.ii.2 (wk4)	ATOP Other Substance 2 Wk4 The number of days Other Substance 2 was consumed in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of Other Substance 2 use in week 4)	Number	1
125.	ATOP 1H.ii.2 (wk3)	ATOP Other Substance 2 Wk3 The number of days Other Substance 2 was consumed in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of Other Substance 2 use in week 3)	Number	1
126.	ATOP 1H.ii.2 (wk2)	ATOP Other Substance 2 Wk2 The number of days Other Substance 2 was consumed in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of Other Substance 2 use in week 2)	Number	1

		Data Dictionary entries for SURVEY.TXT			
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
127.	ATOP 1H.ii.2 (wk1)	ATOP Other Substance 2 Wk1 The number of days Other Substance 2 was consumed in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of Other Substance 2 use in week 1)	Number	1
128.	ATOP 1H.ii.3	ATOP Other Substance 2 Total The total number of days Other Substance 2 was consumed over the past four weeks.	0 to 28 (total days Other Substance 2 consumed in the past four weeks)	Number	min 1, max 2
129.	ATOP 1H.ii.4	ATOP Other Substance 2 No Answer Other Substance 2 question asked but not answered or not asked	0 asked -1 not asked	Number	1, which may have a minus sign
130.	ATOP 1J.1	ATOP Daily Tobacco Use Confirmation of the client's use of tobacco	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
131.	ATOP 1J.2	ATOP Daily Tobacco Use Typical Qty The average amount of tobacco used on a typical day during the past four weeks.	0 to 999 (plus description of units)	String	50
132.	ATOP 1K.1 (wk4)	ATOP Injected Wk4 The number of days injected in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days injected in week 4)	Number	1
133.	ATOP 1K.1 (wk3)	ATOP Injected Wk3 The number of days injected in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days injected in week 3)	Number	1
134.	ATOP 1K.1 (wk2)	ATOP Injected Wk2 The number of days injected in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days injected in week 2)	Number	1

Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
		Data Dictionary entries for SURVEY.TXT			
135.	ATOP 1K.1 (wk1)	ATOP Injected Wk1 The number of days injected in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days injected in week 1)	Number	1
136.	ATOP 1K.2	ATOP Injected Total The total number of days injected in the past four weeks.	0 to 28 (total days injected in the past four weeks)	Number	min 1, max 2
137.	ATOP 1K.3	ATOP Injected No Answer 'Injected' question asked but not answered or not asked.	0 asked -1 not asked	Number	1, which may have a minus sign
138.	ATOP 1K.4	ATOP Injected Used Equipment Has the client injected with equipment used by someone?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
139.	ATOP 2A.1 (wk4)	ATOP Days Paid Work Wk4 The number of days of paid work in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of paid work in week 4)	Number	1
140.	ATOP 2A.1 (wk3)	ATOP Days Paid Work Wk3 The number of days of paid work in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of paid work in week 3)	Number	1
141.	ATOP 2A.1 (wk2)	ATOP Days Paid Work Wk2 The number of days of paid work in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of paid work in week 2)	Number	1
142.	ATOP 2A.1 (wk1)	ATOP Days Paid Work Wk1 The number of days of paid work in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of paid work in week 1)	Number	1

Data Dictionary entries for SURVEY.TXT					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
143.	ATOP 2A.2	ATOP Days Paid Work Total The total number of days paid work in the past four weeks.	0 to 28 (total days of paid work in the past four weeks)	Number	min 1, max 2
144.	ATOP 2A.3	ATOP Days Paid Work No Answer 'Days of paid work' question asked but not answered or not asked.	0 asked -1 not asked	Number	1, which may have a minus sign
145.	ATOP 2B.1 (wk4)	ATOP Days Education Wk4 The number of days of school or study in the most recent week—week 4—of the past 4 weeks.	0 to 7 (days of school or study in week 4)	Number	1
146.	ATOP 2B.1 (wk3)	ATOP Days Education Wk3 The number of days of school or study in the second most recent week—week 3—of the past 4 weeks.	0 to 7 (days of school or study in week 3)	Number	1
147.	ATOP 2B.1 (wk2)	ATOP Days Education Wk2 The number of days of school or study in the third most recent week—week 2—of the past 4 weeks.	0 to 7 (days of school or study in week 2)	Number	1
148.	ATOP 2B.1 (wk1)	ATOP Days Education Wk1 The number of days of school or study in the fourth most recent week—week 1—of the past 4 weeks.	0 to 7 (days of school or study in week 1)	Number	1
149.	ATOP 2B.2	ATOP Days Education Total The total number of days of school or study in the past four weeks.	0 to 28 (total days of school or study in the past four weeks)	Number	min 1, max 2
150.	ATOP 2B.3	ATOP Days Education No Answer 'Days of school or study' question asked but not answered or not asked.	0 asked -1 not asked	Number	1, which may have a minus sign

Data Dictionary entries for SURVEY.TXT					
Fld N°	Link to file layout entry	Description	Valid values	Data type	Field size
151.	ATOP 2C	ATOP Homeless Has the client been homeless over the past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
152.	ATOP 2D	ATOP Risk Eviction Has the client been at risk of eviction over the past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
153.	ATOP 2Ei	ATOP Primary Caregiver Under 5 Has the client at any time in the past four weeks, been a primary care giver for or living with any child/children aged under 5 years?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
154.	ATOP 2Eii	ATOP Primary Caregiver 5 to15 Has the client at any time in the past four weeks, been a primary care giver for or living with any child/children aged under 5 years?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
155.	ATOP 2F	ATOP Arrested Has the client been arrested over the past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
156.	ATOP 2G	ATOP Violent To You Has anyone been violent (incl. domestic violence) towards the client in past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
157.	ATOP 2H	ATOP Violent To Others Has the client been violent (incl. domestic violence) towards someone else in the past four weeks?	1 yes 0 no -1 not answered/no answer	Number	1, which may have a minus sign
158.	ATOP 2I	ATOP Psychological Health Status Client's rating of their psychological wellbeing in past four weeks (anxiety, depression, problems with emotions and feelings) 0=poor 10=good	0 to 10 (where 0=poor and 10=good) -1 not answered/no answer	Number	min 1, max 2

Data Dictionary entries for SURVEY.TXT					
Fld N°	**Link to file layout entry**	**Description**	**Valid values**	**Data type**	**Field size**
159.	ATOP 2J	ATOP Physical Health Status Client's rating of their physical health in past 4 weeks (extent of physical symptoms and bothered by illness)	0 to 10 (where 0=poor and 10=good) -1 not answered/no answer	Number	min 1, max 2
160.	ATOP 2K	ATOP Quality Of Life Client's rating of their quality of life in past 4 weeks (e.g able to enjoy life, gets on well with family and partner)	0 to 10 (where 0=poor and 10=good) -1 not answered/no answer	Number	min 1, max 2